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"IT'S QUICKLY OVER AND EASILY ACCESSIBLE": SOCIOLOGICAL INSIGHTS INTO NON-INVASIVE AESTHETIC SURGERY AMONG WOMEN IN CROATIA

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ABSTRACT. Aesthetic surgery is a global phenomenon, with millions of users worldwide. This study explores the sociological dimensions of non-invasive aesthetic procedures, based on semi-structured interviews with 18 women in Croatia who have undergone such treatments, primarily dermal fillers and Botox, most commonly applied to the face area. The analysis identified a range of motivations, including dissatisfaction with body image, the desire to reduce visible signs of ageing, enhance appearance, and improve quality of life. For some, exposure to social media, particularly Instagram, and global celebrity culture served as inspiration. However, most participants framed their decisions in terms of personal aspirations for self-enhancement rather than conformity to dominant beauty ideals. Body image prior to the procedures ranged from negative to positive. Most participants reported increased satisfaction following treatment, and many noted that their appearance became a frequent subject of social commentary, revealing the potential for stigma directed at those who engage in aesthetic modification. Nearly all expressed interest in further procedures, whether to maintain current results or pursue new goals. These findings suggest that aesthetic surgery is a complex phenomenon in which the body becomes a site of transformation and potential, shaped by late modernity's emphasis on self-actualisation and the body as an ongoing identity project.

Keywords: aesthetic surgery; non-invasive procedures; body; modernity; identity.

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Introduction

Aesthetic surgery is associated with plastic, reconstructive, and cosmetic procedures. In this paper, however, we deliberately employ the term aesthetic surgery to move beyond the often superficial and trivialising connotations of cosmetic surgery. Rather than viewing it merely as an external or individualistic practice, we conceptualise aesthetic surgery as a meaningful social phenomenon that underscores the centrality of the body in contemporary processes of identity construction and self-presentation (Holliday and Sanchez Taylor, 2006; Brstilo Lovrić et al., 2023). Our central thesis is that aesthetic surgery, in addition to its established biomedical definition and psychological underpinnings, represents a broader sociological phenomenon. We approach it as a social fact in Durkheimian terms, shaped by collective norms, values, and expectations, and analyse it within the context of late modernity, where body modification practices are increasingly normalised and globally prevalent.

According to data from the International Society of Aesthetic Plastic Surgery (ISAPS, 2023), a total of 15.8 million aesthetic surgical procedures were performed worldwide in 2023. The most common interventions included liposuction (2.2 million), breast augmentation, eyelid surgery (blepharoplasty), abdominoplasty, and rhinoplasty. Non-surgical procedures were even more widespread, with 19.1 million treatments reported. The most popular among these were botulinum toxin injections (commonly referred to as Botox), with 8.8 million procedures, and hyaluronic acid fillers (5.5 million). Notably, Botox was particularly prevalent among individuals aged 35–50, who accounted for 49% of these treatments. Similar trends are evident in reports by the American Society of Plastic Surgeons (ASPS, 2023), which indicate a continuing rise in both surgical and non-surgical procedures, predominantly among women.

The structure of this paper reflects a dual theoretical and empirical orientation. Theoretically, our analysis is situated within contemporary sociological debates on the body and identity in late modernity, while also engaging with classical sociological perspectives and existing empirical research. Empirically, we explore the motivations and social meanings underpinning individuals' decisions to undergo aesthetic procedures. Particular emphasis is placed on the role of beauty norms, the cultural imperative of youthfulness, and the influence of digital media and social networks. Methodologically, the study adopts a qualitative approach, involving interviews with women who have undergone non-invasive aesthetic procedures. We examine their body image before and after the interventions and analyse how these experiences are embedded in broader social narratives and perceived life changes. This approach centres the subjective experiences and interpretations of participants, offering a nuanced and contextually grounded understanding of aesthetic surgery as sociocultural practice.

Theoretical framework

Recognising that aesthetic surgery is an inherently interdisciplinary phenomenon, this paper examines it through the lens of contemporary sociological theory, particularly within the framework of high, late, or reflexive modernity. Within that theoretical perspective, key sociological theorists such as Anthony Giddens (1990, 1991), Ulrich Beck (1992), and Zygmunt Bauman (2000) emphasise a profound transformation in the way the body is conceptualised. No longer perceived as a fixed, natural entity, the body is increasingly framed as a socially constructed and reflexively monitored project. In this paradigm, the body becomes a central site for identity work, where individuals are defined not by what they inherently are, but by what they actively make of themselves through personal choices, lifestyles, and embodied practices.

This bodily shift can be situated within the socio-cultural habitus of late modernity, where consumer culture plays a central role in transforming consumption from a means of satisfying basic existential and functional needs into a symbolic and aesthetic practice through which individuals consciously construct and express their identities, selecting, curating, and displaying goods, including the body itself, as markers of personal distinction and lifestyle-oriented individuality (Featherstone, 2007; Brstilo Lovrić, 2018). In the manner of reflexive modernity, the erosion of traditional identity structures, such as class, religion, or stable social roles, renders identity a reflexive project, shaped through continuous self-monitoring and choice (Giddens, 1991). As Shilling succinctly notes, "there is a tendency for the body to be seen as an entity in the process of becoming; a project to be worked on and accomplished as a part of individual's self-identity" (Shilling, 2012: 6).

Within this framework, aesthetic surgery emerges as a paradigmatic expression of late modern identity practices: a technology of the self through which individuals align their bodies with internalised ideals of beauty and social legitimacy. This process is marked by a high degree of individualisation, secularisation, and commodification, as Turner (2008) argues, positioning the body as a form of capital invested in its own lifestyle project.

Yet, while contemporary theorists emphasise the structural conditions of late modernity that frame the body as a project, the reflexive management of the self is not an entirely new sociological concern. Earlier perspectives, particularly those of symbolic interactionists such as George H. Mead (1934), Erving Goffman (1959), and Herbert Blumer (1969), laid the groundwork for understanding how individuals actively construct, perform, and negotiate self-identity in social interaction. From this viewpoint, aesthetic surgery may be seen not only as a response to broader cultural scripts but also as a personal strategy of impression management and identity anchoring within the microdynamics of everyday life.

The interplay between individual agency and social influence becomes particularly evident when examining the role of cultural institutions, most notably the media, in shaping frameworks of aspiration and dominant aesthetic norms. Through a continuous stream of visual content and normative narratives, media representations construct ideals of beauty and cultivate aspirational desires (Tait, 2007; Crockett et al., 2007; Sarwer et al., 2003). As Adams (2009: 107) notes, media discourses on aesthetic surgery reflect broader logics of capitalist consumption, positioning the body as an open-ended identity project and a site of continuous self-optimisation. Additionally, celebrity culture, mediated through actors, musicians, fashion figures, and increasingly social media influencers, further propagates ideals of beauty and bodily discipline, thereby contributing to the normalisation and cultural legitimation of aesthetic surgery. Drawing on a UK survey in which over two-thirds of 3,000 women expressed willingness to undergo aesthetic surgery to emulate celebrity features such as the face, bust, or legs, Elliott (2011: 468) argues that this phenomenon should not be understood merely as a top-down imposition of unattainable standards. Celebrities function as public symbols and technologies of embodiment, legitimising self-transformation as a socially validated and desirable life practice. In this sense, the aesthetic surgery industry, shaped by media and celebrity discourses, frames bodily modification less as a medical necessity and more as a lifestyle investment, especially for women, thereby, as Adams notes, "framing a concern with attractiveness and youthfulness as 'natural' for women" (Adams, 2009: 107).

As the dominant users of aesthetic surgery globally (ISAPS, 2023; Alotaibi, 2021; Holliday and Cairnie, 2007), women remain at the centre of academic and feminist debates that critically examine their motivations and lived experiences. Feminist scholar Morgan (1991) interprets the popularity of aesthetic surgery as a "paradox of choice," where women's apparent autonomy is shaped by patriarchal norms that equate their value with youth and beauty. Drawing on Foucault's concept of disciplinary power, Morgan (1991) argues that aesthetic surgery exemplifies how power becomes internalised and personalised, operating not through overt coercion, but through individual bodily regulation. In this framework, the body becomes a site of control and modification, producing docile, adaptable bodies in line with cultural ideals. Aesthetic surgeons, as modern agents of this power, facilitate the (re)shaping of women's bodies according to the technological and aesthetic imperatives of Western societies.

Some feminist perspectives emphasise aesthetic surgery as a form of individual agency and a rational mode of self-expression. Drawing on Bourdieu's concept of habitus, Holliday and Cairnie (2007) interpret aesthetic surgery as a form of bodily capital. Within this framework, habitus refers to a system of dispositions shaped by the forms of capital one possesses, economic, social,

cultural, and bodily, that influence positioning within specific social fields. Aesthetic surgery, in this view, is not merely a submission to external pressures, but a strategic investment in body capital in order to gain advantages in personal and professional domains in a competitive, appearance-oriented society.

The complexity of women's relationship with aesthetic surgery is further illuminated by Markey and Markey's (2009) study of young American women, which identified four key predictors of interest in surgery: body dissatisfaction, negative appearance-related commentary, media pressure, and the desire to emulate media figures. These findings resonate with the Tripartite Influence Model (Thompson et al., 1999), which posits that beauty ideals are internalised through the combined influences of media, peers, and self-evaluation. As a result, female narratives around aesthetic surgery are diverse and often reflect intersecting motivations, ranging from regaining bodily control and improving romantic or professional prospects to constructing identity through alignment with celebrity norms (Hatef, 2017: 14). Alotaibi (2021) similarly outlines four overarching motivations: beautification (enhancing attractiveness), transformation (social or professional advancement), correction (addressing perceived flaws), and positive ageing (preserving youthfulness). Together, these insights underscore the multifaceted and culturally embedded nature of aesthetic surgery tied to identity construction, belonging, and aspiration in late modernity.

In Croatian sociological literature, aesthetic surgery remains a largely under-researched topic, particularly when it comes to the lived experiences of its actual users. Despite the global expansion of aesthetic procedures and their growing cultural normalisation, there is a notable lack of empirical studies that explore the motivations, meanings, and everyday implications of such interventions from the perspective of those who undergo them. In this context, a recent quantitative study conducted among university students in Croatia aimed to outline the profile of those who express openness toward undergoing aesthetic procedures in the future. Approximately one-third of the surveyed students reported openness to pursuing some form of aesthetic surgery, often citing interest in multiple (non)invasive procedures. This subgroup was labelled as "interested aestheticians." The study found that female students, non-religious individuals, and techno-optimists, especially those endorsing the techno-scientific management of ageing, were more likely to express positive attitudes toward aesthetic surgery (Brstilo Lovrić et al., 2023). However, it is important to note that the participants were not actual users of aesthetic surgery.

This represents a significant methodological limitation, which this study aimed to address through its specific design and analytical approach using in-depth qualitative research focused specifically on users of aesthetic surgery and exploring their motivations, meanings and reflections on aesthetic surgery, particularly

regarding their body image and social factors influencing their decisions to undergo these procedures. By conceptualising aesthetic surgery not merely as a medical intervention but as a socially embedded practice, this paper situates it within the broader processes of identity construction and the negotiation of cultural ideals of beauty in late modernity. More on research methodology and empirical findings in the following chapter.

Research description

In line with the presented sociological theoretical framework, this study examines non-invasive aesthetic surgery through the lens of women's user experiences. The research focuses on understanding the motivations that lead women to undergo such procedures, their perceptions of body image before and after the interventions, the influence of social factors on their decision, and the broader personal and professional implications of these bodily modifications, as well as future planning of aesthetic interventions.

In line with these objectives, the study addresses the following research questions:

- What motivates women to undergo non-invasive aesthetic procedures?
- How do they perceive their body image before and after undergoing such procedures?
- What social influences shape their decisions to pursue aesthetic modifications?
- What personal and professional implications do they associate with these procedures?
- How do they reflect on the possibility of future (non)invasive aesthetic procedures?

Given the relatively under-explored nature of this topic, both within the field and in the Croatian context, a qualitative research design was adopted. Semi-structured individual interviews were used to gain in-depth insights, as this method is particularly effective for exploring sensitive topics and capturing complex motivations and experiences.

Due to the specific nature of the target group, purposive sampling was employed, focusing on adult female participants who had undergone at least one non-invasive aesthetic procedure after the age of 18. This sampling strategy was informed by existing literature and global statistics, which consistently indicate that women constitute the vast majority of aesthetic procedure users

(Holliday and Cairnie, 2007; Tranter and Hanson, 2015; Alotaibi, 2021). In 2023, women accounted for 85.5% of all non-invasive aesthetic procedures globally (ISAPS, 2023), while some reports estimate that up to 93% of surgical aesthetic procedures were performed on women (ASPS, 2023).

The interview guide was developed in alignment with the theoretical framework and covered seven thematic units reflecting the core research questions. Interviews were conducted in Croatia during April and May 2023, with each session lasting approximately 15 minutes. Upon completion of the interviews, audio recordings were securely stored on an external disc with a security password available only to the authors, and transcribed.

Thematic analysis, as defined by Braun and Clarke (2006), is a method for analysing qualitative data by identifying and organising patterns of meaning relevant to the research question. In this study, it was used to interpret the experiences of women who underwent non-invasive aesthetic procedures. The process included familiarisation with the data, coding, theme development, and writing. Thematic units were developed inductively from the data, encompassing key themes and related codes such as motives, body image before and after procedures, reflections, social influences, and future planning (Graph 1). This approach enabled a deeper understanding of how aesthetic practices are embedded in participants' everyday lives and connected to identity, social norms, and cultural expectations.

The study adhered to ethical standards. Participants were informed of their right to voluntary participation and to withdraw at any time without consequences. Written informed consent was obtained, clearly outlining the research objectives, the intended use of the data for scientific purposes, and the requirement to audio-record the interviews for accuracy in analysis. Anonymity was ensured by limiting knowledge of participants' identities to the research team only, and pseudonyms (e.g., "Participant 1-18") were used throughout the analysis.

In addition to the research goal, a brief survey was conducted to collect data on participants' socio-demographic, educational, and religious backgrounds, which were used to construct their sociological profiles. Furthermore, an introductory question within the interview protocol was designed to explore participants' aesthetic profiles, specifically, the types of aesthetic procedures they had undergone, the areas of application, and the frequency of these interventions. Further details are provided in the following table.

Table 1. Profile of the research participants (N = 18)

Participant characteristic		N
Gender	Women	18
Age	18-24	7
	25-35	6
	36-50	3
	51-65	2
Education	High school	4
	Faculty	10
	Master's degree / Doctorate	4
Religiosity	Religious	13
	Atheist	1
	Not specified	4
Perceived Social Status	Lower	1
	Middle	12
	Higher	5
Procedures Performed	Dermal fillers	14
	Dermal fillers and Botox	2
	Botox, PRP	2

The research sample consisted of 18 women who had undergone at least one non-invasive aesthetic procedure. The majority (13) were between 18 and 35 years old, indicating a predominance of younger age groups. Most participants had a high level of education: ten held higher or professional degrees, and four had a master's or doctoral degree, reflecting a highly educated sample. Religious affiliation was also notable, with 13 participants identifying as religious. In terms of self-perceived social status, most positioned themselves within the middle class (12 participants), while a smaller number identified as

upper (5) or lower class (1). These characteristics suggest that the sample was dominated by younger, educated, and religious women from the middle social stratum. Sixteen participants had dermal fillers, mostly hyaluronic acid. Two combined fillers with Botox, while two others used Botox alone or alongside platelet-rich plasma (PRP). Fourteen applied fillers primarily to the oral area, face, eyes, and nasal wrinkles; one used fillers on the chin. Botox treatments targeted the armpits, forehead, eyes, and face. PRP was applied to the scalp, hands, and face. Most of the research participants underwent these procedures multiple times: over four to five years, typically every six to twelve months. This indicates that maintenance is common, with most participants having procedures at least once a year. Based on the above, the participant profile indicates that they are experienced and active users of non-invasive aesthetic surgery, whose repeated and recent interventions provide valuable insights for deeper analytical and sociological understanding.

Interpretation of research findings

The interpretation of findings is structured into seven thematic units exploring participants' experiences with non-invasive forms of aesthetic surgery. These themes include their motivations for undergoing aesthetic procedures, their self-perception of body image before and after the interventions, the influence of social factors on their decision-making, perceived personal and professional changes following the procedures, and intentions regarding future interventions. Each section is supported by original participant quotations, providing depth and authenticity to the analysis, which is further synthesised in the final chapter through a visual representation of the thematic categories.

Motivations for Undergoing Procedure

The section addressing participants' motivations for undergoing non-invasive aesthetic procedures revealed a polarisation of responses into two groups. Nine participants expressed dissatisfaction with their appearance prior to treatment, frequently referring to perceived imperfections such as lips that were flat, small, insufficiently full, thin, asymmetrical, or disproportionate, features most commonly targeted by aesthetic interventions. These motivations were grouped under the code "dissatisfaction with the body prior to aesthetic surgery", as illustrated by the following remarks:

"So, primarily, as far as the lips are concerned, I didn't have an upper lip at all, it was just a straight line, while the lower lip was, let's say, quite thicker. Actually, I just made the upper lip equal to the lower lip" (Participant 15).

"The main reason was that when I looked in the mirror, I wouldn't say I liked how my upper lip looked. It wasn't as complete as I had imagined" (Participant 11).

"The main reason was that I didn't feel satisfied with the look of my lips because they were very thin" (Participant 9).

"I wasn't satisfied with the symmetry of my upper lip, specifically the Cupid's bow. Each procedure was to reduce this asymmetry, since the effect disappears over time with hyaluronic fillers" (Participant 3).

Other participants were motivated by the desire to enhance their physical appearance, specifically expressing a wish to rejuvenate their look or improve their general appearance, and in some cases, to address issues such as excessive sweating that affected their professional quality of life. These motivations are categorised under the code "rejuvenation and quality of life".

"Well, there aren't really any particular reasons except that the years are passing. I mean, I'm definitely not getting any younger, and actually, what I wanted to achieve, and I think I did quite well, was to keep that sort of natural look, or rather, a certain freshness" (Participant 13).

"The main reason was to rejuvenate my skin slightly, actually, my face, because I had a deep wrinkle in the middle of my forehead, my eyelids dropped slightly, and I had big ridges around my lips" (Participant 12).

One participant explicitly emphasised social media as a key source of motivation and inspiration for undergoing the procedure:

"Honestly, I don't know, it maybe came more from social media. All the girls were doing it, everyone had perfect lips, and somehow, out of curiosity, I just wanted to try it (…) at that point I already had Instagram and Facebook and TikTok, and then literally every other person was doing fillers, and somehow I think social media, um, attracted me the most" (Participant 2).

In summary, while the majority of participants opted for non-invasive aesthetic procedures due to dissatisfaction with their body image, others were driven by aspirational motives, such as the desire to enhance their appearance, delay visible signs of ageing, or align their looks with professional expectations. These findings suggest that motivations are not merely rooted in aesthetic dissatisfaction but reflect broader identity work—ranging from the pursuit of

bodily normalisation to self-enhancement as a means of rejuvenation, well-being, and improved quality of life.

Body Image Before

The following research point focused on participants' perceptions of their bodies prior to undergoing non-invasive aesthetic procedures. The findings revealed a clear pattern across three participant groups. Nine participants reported experiencing negative body image, often describing dissatisfaction, low self-confidence, and discomfort with specific features. Some mentioned actively hiding or camouflaging the areas they perceived as flawed. These experiences strongly influenced their decision to undergo aesthetic procedures, highlighting their role not only in physical transformation but also in emotional and psychological well-being, captured under the code "negative body image before" aesthetic surgery.

> "I was insecure because, by nature, I have quite small lips. I had more visible dental meat, and that bothered me a lot. So, I felt a little low self-esteem and insecurity, and now, after the surgery, I feel much better" (Participant 4).
> "I felt I had tiny lips and a huge nose. I thought it would help me improve my image of myself, who I am, and my self-esteem" (Participant 8).
> "I didn't feel comfortable in my own body. It's just one little thing that shouldn't affect a person so much, but when there's probably nothing else to torture you about your looks, that little thing becomes the problem. That was also a big problem, so I increased my lips" (Participant 9).

Nine participants expressed a positive perception of their bodies prior to undergoing aesthetic procedures, emphasising that their bodies were not sources of dissatisfaction but rather viewed as canvases for aesthetic enhancement. This group reflected on both the physical and psychological benefits they experienced post-procedure. Their narratives were categorised under the code "positive body image before" aesthetic surgery.

> "Of course, I feel much better, although I have never had a problem with my perception of my body in the way that I am not satisfied with some part of it" (Participant 17).
> "I generally feel good, and I can't say that I used to feel bad or that this is now some reason for my better self-esteem. However, I do feel a heightened sense of self-satisfaction. I now require less time to prepare in the morning, as I have less to adjust" (Participant 13).

> "Even before that, I was satisfied with my lips, but I always wanted at least a fuller lips, so I decided to have this surgery" (Participant 10).
> "So, neither Botox nor hyaluron affected me, how I perceive my body, and I felt the same way before and after" (Participant 7).
> "Before and after, I felt the same way; let's say I was happy. I wasn't exaggerating with my lips, so one millilitre didn't make a big difference. I don't think many people have noticed it" (Participant 2).

As demonstrated, although the majority of participants reported a negative body image prior to undergoing aesthetic procedures, others described either a neutral or even positive body image. This diversity highlights that aesthetic surgery is not solely a response to dissatisfaction, but part of a broader spectrum of embodied experiences and motivations. From this emerges a sociological understanding of the body as an ongoing project – flexible, modifiable, and continuously shaped in relation to cultural ideals and personal aspirations. Aesthetic surgery aligns with this logic as a normalised and accessible tool for bodily self-management. Whether aimed at normalisation, enhancement, or maintenance, such procedures reflect late-modern processes in which the body becomes a site of continuous self-construction, symbolic investment, and identity work.

Body Image After

This section explores participants' body image following non-invasive aesthetic procedures. Most responses were distinctly positive, reflecting both personal satisfaction and supportive reactions from others. These findings are organised in continuity with the categories established in the previous section. The first group of nine participants, who had previously reported a negative body image, emphasised increased self-confidence, reduced insecurity, and a greater sense of comfort in their own bodies. They also noted practical changes, such as spending less time concealing perceived flaws or wearing less makeup. This group is categorised under the code "negative body image before and positive body image after" aesthetic surgery.

> "I feel much better because I finally resolved my insecurity (…). Everything turned out the way I wanted it to. So, it's not much of a change (…), I feel much better now. I was able to solve some of the problems that I had as a younger (…) Now, sometimes, when I don't even put on makeup, I don't feel insecure because a fuller lips alone makes it feel like I put something on them, and I am getting a lot of compliments" (Participant 4).

"I see it as an advantage. I finally have the lips I've always wanted, which I've dreamed of. Of course, it adds a lot of confidence to me, and I got rid of this feeling that I'm constantly covering something up, trying to make something better" (Participant 6).

"I have much more confidence and look much better to myself. It has helped me a lot, and I am very pleased with the aesthetic surgery. Now, I feel much more satisfied and much more accepted in my body than myself" (Participant 8).

"Well, yeah, I feel better. I feel better and prettier when I don't have makeup, and when I do have makeup (...) I am honestly 100% satisfied. Yes, I should have done that, and I am happy" (Participant 11).

Six participants who reported a positive body image prior to the procedure framed their decision as a strategy of maintenance and enhancement, rather than dramatic transformation. They emphasised continuity in body image investment, with aesthetic interventions positioned as a self-care strategy. These accounts fall under the code "Positive body image before and improved body image after" aesthetic surgery.

"I am delighted with the result and will repeat the surgery" (Participant 10).

"I'm happy with the results and plan to continue" (Participant 13).

"After those surgeries, I feel a little better. I am so glad I invested in myself and thus improved my appearance. These are not significant changes; these little things mean something to me" (Participant 16).

A smaller group of three participants expressed what we categorized as a "neutral body image before and after" aesthetic surgery. However, neutral here refers more to the absence of a profound, identity-level shift rather than a lack of satisfaction. These participants typically described the change as a mild aesthetic improvement or refreshment, which they appreciated, but did not perceive as transformative in terms of self-image or everyday experience.

"So, neither the Botox nor the hyaluronic acid affected how I perceive my body. I felt the same both before and after" (Participant 7).

"Well, regardless of the procedure, I've always felt great in my own body. I never saw my lips as a major issue or anything like that (...) Even though it didn't really change my opinion of myself, I still feel like the same person when it comes to my lips" (Participant 5).

"So before and after getting my lips done, I felt pretty much the same, let's say equally satisfied. I didn't go overboard with the lips, it was just, I don't know, one millilitre, which didn't really make a big difference. I don't think even many people noticed it" (Participant 2).

Taken together, these narratives reaffirm the sociological perspective of the body as an ongoing, managed project shaped by individual aspirations and embedded social norms. Whether framed as correction, enhancement, or maintenance, non-invasive aesthetic surgery appears as a normalised strategy within broader projects of self-construction and self-presentation. For most participants, non-invasive aesthetic surgery marked a significant point of bodily transition, most commonly from dissatisfaction to self-acceptance, or from satisfaction to improvement. Even among those with neutral body image, the procedures were interpreted positively, suggesting a broad cultural legitimisation of aesthetic enhancement. These findings highlight the complex entanglement of body and identity. Aesthetic surgery, as described by participants, extends beyond physical alteration to influence self-image and quality of life. It functions not merely as a medical or purely "cosmetic" act, but as a socially embedded practice through which individuals negotiate personal agency and social projections, as the following section demonstrates.

Social Influences

The next research theme explored social influences shaping participants' decisions to undergo non-invasive aesthetic surgery. Three distinct categories emerged, the first of which is coded as "social media and celebrities". Participants highlighted social media platforms like Instagram and celebrity figures such as Kim Kardashian, Kylie Jenner, and Angelina Jolie as key sources of their aesthetic inspiration. However, they emphasised a distinction between direct imitation and aspirational influence. Rather than seeking to replicate specific looks, participants framed these references as part of a broader aesthetic context in which certain features became normalised and desirable. For many, social media such as Instagram served not only as a space of visual influence but also as a channel of access, some even discovered their chosen clinics through these platforms. Moreover, the portrayal of procedures as quick, routine, and accessible contributed to their normalisation and integration into everyday life. In this way, aesthetic surgery is understood as a socially sanctioned and symbolically mediated act, aligned with contemporary values of self-presentation and self-actualisation.

> "Well, Instagram influences me, not my decision, but all the pictures and videos I see. I saw the clinic where I performed through Instagram (…) I can't remember, but I would say Kim Kardashian. She has such beautiful lips" (Participant 11).

"I had a significant impact from social media. By looking at all the famous influencers I was following (...) and what one lip filler could do to my face, I decided that I wanted to do it and did it" (Participant 8).

One participant's description from this section was used as the study's title, as it succinctly encapsulates how non-invasive procedures are experienced as mundane, almost consumerist acts, seamlessly woven into everyday life:

"Since my lips have always been thin and I didn't like them, I wouldn't have had so much courage and motivation if I hadn't seen it all through Instagram, because virtually every other influencer girl on Instagram made lips. It was promoted as something normal, easily accessible - a surgery that lasted about ten minutes. It all seemed very easily accessible, so I think it encouraged me (...) I've seen through the media that it's a speedy process that's easily accessible. It encouraged me. It's quickly over and it's easily accessible. I get there, and I'm done in 10 minutes, so it's nothing. It's like I went shopping" (Participant 9).

The second group, composed of six participants, emphasised that their decisions were driven solely by personal motives, primarily dissatisfaction with specific body parts. Their responses, categorised under the code "lifestyle", reflect aesthetic procedures as part of a broader narrative of self-care, well-being, and bodily autonomy. One participant, who underwent the procedure during the COVID-19 pandemic, highlighted the absence of public exposure:

"I would not say that society had any effect on my desire to put fillers, especially because I went during the coronavirus, so no one but me and the closest ones even looked at my lips… my motive was to have a symmetrical upper lip" (Participant 3). Another participant framed it as part of a personal journey: "I wanted to try something new (…) I don't think specifically of anyone I had as a role model. My expert team adjusted entirely to me and my appearance at that moment" (Participant 16).

The third group also denied broad social influences in their decision to undergo aesthetic procedures, but they emphasised the role of relevant others, such as friends and colleagues who had previously undergone similar interventions. These examples served as motivation, especially because they provided first-hand information and realistic expectations through shared experiences and post-procedure photos. This reflects the nuanced dynamic between personal agency and social context and is categorised under the code "personal networks":

"I agree that society is imposing beauty standards and that we must adapt to keep up with time. I was motivated by suggestions from one of my friends to do it, but I didn't do it just for that. It was more because of my insecurity, not that I resemble a trend or something (…) But again, society plays a role, as I also mentioned that it means a lot to me when someone compliments it" (Participant 4).

"In the last few years, the motive was friends who have done some aesthetic surgery and seem entirely natural, maybe a little rejuvenated, fresh, and healthier" (Participant 14).

"I was inspired by other people who had done this before me because, before the surgery of hyaluronic fillers, I googled online many times, searched thousands of pages, and looked at hundreds of photographs of the surgery. I wanted to ensure that I was going into the hands of a good expert, so everything went well. I was inspired by other people who had been to the surgery, but none was famous" (Participant 18).

The findings underscore the sociological relevance of aesthetic surgery, particularly through participants' accounts of the influence of celebrities and social media. While decisions were framed as personal and rational, they were also shaped by broader cultural narratives and visual economies that define and circulate ideals of the body. This interplay between individual agency and social context was further evident among those who cited personal dissatisfaction as a primary motive, as well as among participants influenced by peers and close networks, whose lived experiences served not as normative models but as trusted, authentic sources of information and encouragement. These insights reveal aesthetic surgery as a socially embedded practice reflecting and reinforcing dominant beauty norms through public figures such as celebrities, while remaining deeply personalised and tied to individual aspirations.

Reflections of changes

The next theme explores participants' reflections on broader personal and professional changes following non-invasive aesthetic surgery. Their reflections were generally positive, but without any indication of major changes. Among the participants who highlighted professional reasons, it was particularly evident that aesthetic surgery can serve as a form of personal empowerment and self-actualization. However, alongside these benefits, participants spontaneously addressed the social reception or comments of their choices and after-looks. While some encountered approval and support, others faced judgment or scepticism, revealing the persistence of social stigma and societal ambivalence surrounding aesthetic surgery.

"The only thing I can say is that personally, this change is big for me, that I feel much more self-confident and happier. I finally did something I've wanted to do for a long time, so there's no more procrastination. I am satisfied because I simply feel better in my body. There will always be people who might say that it wasn't necessary or that I was beautiful before. But the most important thing for me is feeling good in my body" (Participant 4).

"I haven't had much of a change, but it's just that a person feels condemned by some people who disagree with aesthetic surgeries (...) The same kind of corrections can be made for health reasons. It's not like someone made us like that, and now you have to accept it, and you're going to be dissatisfied. You won't do something for reasons other people wouldn't judge you. I know many people who would want lips, but as they're asking how minimal to put it so that someone wouldn't notice, they only know in the subconscious that they did it" (Participant 5).

"I've certainly received all kinds of comments from my work colleagues, which were either good or bad, but that didn't affect my choice" (Participant 1).

Participants did not report major life or professional changes following non-invasive aesthetic procedures, though many emphasized the rationality of their decision, citing improved body image, self-confidence, and quality of life, particularly in professional contexts. More revealing, however, were their spontaneous reflections on social reactions, including frequent comments, unsolicited opinions, and judgment from others. These experiences point to the stigmatization of aesthetic surgery users, despite its growing normalization in media culture.

Future plans

The final section of the study explored participants' plans for future aesthetic procedures, whether in the near or distant future. Nearly all participants expressed openness to undergoing further procedures, either as a continuation of previous treatments or the pursuit of new ones, and only one participant ruled out this possibility.

The largest group of participants was categorised under the code "maintenance and new procedures", indicating plans to continue with existing and new non-invasive treatments such as Botox application, as well as new invasive aesthetic surgeries such as rhinoplasty (nose correction) and blepharoplasty (eyelid correction). Participants demonstrated a high level of awareness regarding available procedures and their effects, reinforcing the initial observation that this is a population of experienced aesthetic consumers.

"In the future, I want to do more Botox. So, for now, it's just lip fillers, and in time, I think I will make a Botox" (Participant 8).

"I plan to proceed with this now, depending on financial possibilities. The correction of the eyelids that naturally fall as age goes… I believe that sometimes in life, it will be necessary" (Participant 13).

"Right now, the surgery I'm planning is rhinoplasty. I have this surgery in May and can't wait" (Participant 5).

Other participants commonly articulated future intentions, particularly emphasising the repetition of previously undergone procedures, which was categorised under the code "maintenance". This reflects a practical approach to aesthetic interventions as ongoing care practices, aimed at preserving desired results over time. The need for periodic renewal, especially due to the temporary nature of substances like hyaluronic fillers, was frequently mentioned. At the same time, some participants expressed an open, but non-committal, attitude towards future (non)invasive surgeries, showing flexibility depending on circumstances.

"I plan to continue attending the hyaluronic fillers because I am satisfied with the results, and they need to be renewed occasionally" (Participant 3).

"Well, I'm planning to get hyaluronic acid in my face again, once this wears off" (Participant 18).

As demonstrated by the findings, participants' openness to both maintaining and expanding their aesthetic procedures reflects a broader orientation in which non-invasive aesthetic interventions are understood not as isolated events, but as part of an ongoing process of self-optimisation. This attitude highlights a mode of bodily engagement rooted in sustained investment, continuous self-monitoring, and aesthetic upkeep. In this light, the body emerges as a dynamic, unfinished project that must be carefully managed and regularly enhanced to align with self-expression. Such a perspective affirms the central thesis of this paper - that the body is no longer a static given but a fluid, reflexive project open to constant redefinition through aesthetic labour. These interrelated themes are visually represented in the thematic map (Graph 1), capturing the complex dynamics underpinning participants' engagement with aesthetic procedures.
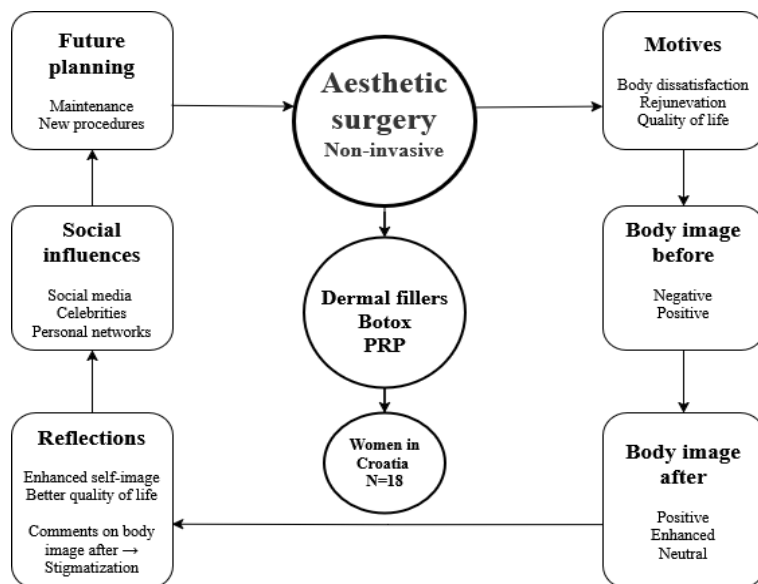
Graph 1. Graphical representation of thematic categories

Conclusion

By situating aesthetic surgery within the broader context of high modernity, this study sheds light on a socially significant yet under-researched phenomenon in sociology and Croatian society. Through qualitative interviews with 18 women who had experience with non-invasive procedures, we explored how aesthetic practices are embedded in everyday life, shaped by personal, social, and cultural dimensions. The empirical findings highlight a complex and layered relationship between the body, identity, and late-modern social structures.

Participants in this study were mostly regular users of dermal fillers and Botox, often undergoing procedures annually or more frequently. Their narratives positioned non-invasive aesthetic surgery as a routine practice of bodily maintenance, an expected part of self-care rather than a radical intervention. This normalisation is key to understanding aesthetic surgery not as a medical or cosmetic exception, but as part of a wider cultural logic of continuous self-improvement.

Our findings demonstrate that non-invasive aesthetic procedures are heterogeneous in both motivation and reflection. We identified three dominant participant strategies, each reflecting specific constellations of body image and reasons for undergoing these procedures. The first strategy, normalising, is characteristic of participants who expressed bodily dissatisfaction and a negative body image prior to treatment. The second, enhancing, includes participants with a positive body image who sought aesthetic procedures either to improve their quality of life or professional functioning, as well as those pursuing rejuvenation to mitigate visible signs of ageing. Lastly, the maintaining strategy refers to participants with a neutral body image who underwent procedures primarily to sustain or subtly reinforce an already satisfactory appearance. An indicative finding is that participants generally did not problematise the procedures or mention potential negative consequences.

Participants' experiences were generally focused on positive outcomes: enhanced body image, increased satisfaction, and improved well-being. This aligns with Crook and Dwyer's (2016) observation that non-invasive procedures have shifted from medicalized interventions to normalized lifestyle practices, largely due to their accessibility, speed, and perceived simplicity. Supporting this, participants described these procedures as quick, convenient acts of self-care, as reflected in the study's title: *It's quickly over and easily accessible*.

While media, celebrity culture, and social networks did play a role in shaping participants' decisions for undertaking procedures, these influences were typically framed as autonomous and personally motivated. Notably, the notion of the "influencer" extended beyond digital culture to include close social networks, such as friends, colleagues, and family members, whose experiences offered both practical guidance and emotional affirmation. This underscores the extent to which aesthetic decision-making is embedded in everyday interpersonal relationships, rather than being shaped solely by mass cultural forces.

Crucially, nearly all participants expressed openness to future procedures, both non-invasive and, in some cases, invasive, suggesting a sustained engagement with bodily modification. This supports the central thesis of the study: in late modern societies, the body is no longer biologically determined but is reflexively monitored and shaped through individual agency. Following the logic of high modernity and the ethos of consumer culture, the body emerges as a personal project, initially grounded in individual initiative and responsibility, and subsequently embraced as a lifestyle orientation. Aesthetic surgery, particularly in its non-invasive forms as this study shows, functions as a normalised mechanism through which individuals negotiate visibility, identity, and self-worth within an increasingly image-conscious social environment.

Although the study is limited by its qualitative scope and the use of a convenience sample, thereby precluding generalisations about the broader population of women in Croatia who engage in non-invasive aesthetic procedures, it nevertheless offers a valuable contribution to understanding aesthetic modification as a globalised social phenomenon. It opens space for further sociological inquiry into how the body is shaped by, and responds to, means of contemporary society.

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SOCIAL MINIMA AND THE GUARANTEED MINIMUM INCOME PROGRAM IN ROMANIA, 1995-2024

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ABSTRACT. The present paper provides a qualitative historical analysis of the evolution of the Guaranteed Minimum Income (GMI) program in Romania between 1995 and 2024 in relation to envisaged social minima. It argues that the transformations of GMI reflect the interplay between demand for cheap labour, regulations over precarious employment, and behavioural control for allegedly securing the "employability" of beneficiaries, with little (if any) concern for benefit adequacy. As elsewhere in Europe, labour market dualization was accompanied by the possibility to cumulate income from precarious labour with social assistance benefits. For the active-age recipients, GMI benefits did not replace market income and guarantee a social minimum, but rather they compensated for low income from casual work with some minimal social transfers and subsidies. Importantly, GMI included public health insurance, without charging beneficiaries. The decrease of GMI in real terms during the last two decades was accelerated by the effective decoupling of social assistance benefits from the national minimum wage and the long-term abandonment of a reference-budget for goods and services that could have served as a benchmark for both. When such a minimum basket was finally reintroduced in 2020 as a policy instrument for the annual indexation of the national minimum wage, social benefits were excluded from its scope. The reform of GMI, designed in 2016 but implemented only in 2024, slightly simplified the bureaucratic load and increased the threshold for social aid, but it did not substantively alter eligibility rules and mechanisms of behavioural control. To date, there has been no relation between the value of GMI and the computations of social minima.

Keywords: social minima, Guaranteed Minimum Income schemes, poverty, precarious labour, Romania.

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Introduction

Since its incipient form of "social aid" introduced in 1995, and subsequent reforms in 2001 as guaranteed minimum income *(venit minim garantat)* and later in 2024 as minimum income for inclusion *(venit minim de incluziune)*, the means-tested guaranteed minimum income scheme (GMI) in Romania remained a residual measure of social protection with low coverage and inadequate benefits[2]. In a country with almost 3.6 million people living in households at risk of monetary poverty (Eurostat, 2025), only cc. 232 thousand households received GMI as of March 2025, and the average amount of the benefit was less than 115 Euro/month. To date (May 2025), for a single person of active age GMI was set at cc. 71 Euro/month, while for an older person above 65, who does not qualify for old age pension, at cc. 105 Euro/month. In the first quarter of 2025, only 4.4% of the social protection budget (that excludes pensions and unemployment benefits) was spent on GMI (Ministry of Labour, Family, Youth, and Social Solidarity, 2025). Subsequent governments in a rather hectic political milieu paid lip service to the European Commission with revised versions of national social inclusion and anti-poverty strategies while failing to define coherent social minima and upgrade benefits and services correspondingly.

The present paper provides a qualitative historical analysis of the evolution of the GMI scheme in Romania between 1995 and 2024 in relation to envisaged social minima. It argues that the transformations of GMI reflect the interplay between demand for cheap labour, regulations over precarious employment, and behavioural control for allegedly securing the "employability" of beneficiaries, with little (if any) concern for benefit adequacy. As elsewhere in Europe, labour market dualization was accompanied by the possibility to cumulate income from precarious labour with social assistance benefits. For the active-age recipients, GMI benefits did not replace market income and guarantee a social minimum, but rather they compensated for low income from casual work with some minimal social transfers and subsidies. Importantly, GMI included public health insurance, without charging beneficiaries. The decrease of GMI in real terms during the last two decades was accelerated by the effective decoupling of social assistance benefits from the national minimum wage and

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[2] For coherence, in this article the conventional term "guaranteed minimum income" (GMI) program is used for both the previous scheme (Law 416/2001) and the novel scheme (Law 196/2006, implemented in 2024). In a similar vein, "means-tested child allowance" is used with reference to additional support received by low-income families with dependent children under subsequent legislations. The name of the Ministry of Labour and Social Protection changed several times in this period, depending on the political coalition at government. For the sake of simplicity, only a shortened version of its title, Ministry of Labour, will be used hereafter.

the long-term abandonment of a reference-budget for goods and services that could have served as a benchmark for both. When such a minimum basket was finally reintroduced in 2020 as a policy instrument for the annual indexation of the national minimum wage, social benefits were excluded from its scope. The reform of GMI, designed in 2016 but implemented only in 2024, slightly simplified the bureaucratic load and increased the threshold for social aid, but it did not substantively alter eligibility rules and the mechanisms of behavioural control. To date, there has been no relation between GMI and the computations of social minima.

My empirical inquiry consists of an examination of legislative changes concerning GMI, along with measures of benefit coverage, adequacy, and poverty reduction effectiveness. Previously undertaken interviews with social workers in charge of implementing GMI (Raț, 2019) provided useful insights into the bureaucratic maze of claiming and obtaining the benefits. This article refrains from a detailed analysis of implementation problems, such as excessive paperwork and lack of support services (Ciornei, 2017; Țoc and Buligescu, 2020), and it certainly cannot do justice to the lived experience of GMI recipients (Bojincă, 2009). The nature of the empirical material (legislation, strategies, implementation documents etc.) also limits the possibilities to analyse the politics of policies, to investigate actors and the role of social networks in agenda setting and policy making (for an analysis of political discourse on GMI see Arpinte, 2017, 2019). These remain beyond the purpose of the present paper. Instead, it seeks to show that low-skilled precarious workers have been basically denied a social minimum while they participated in a program that nominally *should have* provided precisely such a social minimum. The lack of an adequate minimum pushes GMI recipients into a vicious circle of undertaking precarious labour while officially unemployed and stuck in informality. This argument is consistent with Luana Pop's earlier assessments on the lack of effective regulations that could support GMI recipients transitioning from precarious, often informal labour relations into wage employment (Pop, 2023). As discussed below, contractual day labourers in agriculture, community work providers, seasonal transnational migrants in labour-intensive sectors, and other categories of precarious workers gained eligibility to social assistance benefits that top-up their income to the level of GMI, but the latter is not anchored in any coherently designed minimum consumption basket or poverty line.

In contrast with *de jure* changes of the national wage system, which in 2020 finally introduced the use of a *minimum consumption basket for a decent living* as a benchmark for the national minimum wage, the reform of minimum income protection makes no reference to such social minima. Neither the new legislation, nor the *National Recovery and Resilience Plan for Romania - PNRR*

(2021) provide guidelines on how to set the value of GMI, except from requiring its annual indexation according to the inflation rate. This undermines the very essence of a social minimum as a *social right,* and it further deepens the dualization between the minimum wage and social insurance, on the one side, and social assistance, on the other side*.* It also contradicts the principle (or the utopia) of GMI as an instrument of de-commodifying welfare states (Esping-Andersen, 1990; Standing, 2007) or as an "automatic stabilizer" at times of economic crisis (Eichhorst et al., 2023). However, there is hardly any empirical evidence that the Romanian GMI program or its new incarnation as *minimum inclusion income* have been designed to serve that purpose on the first place. Rather, its legislative history sketches a picture of attempts to maintain *some* state control over precarious workers and their families, while keeping their benefits much below a social minimum.

Social minimum in Romania

"The European Pillar of Social Rights highlights the principle that everyone lacking sufficient resources has the right to adequate minimum income benefits ensuring dignity at all stages of life, and to effective access to enabling goods and services" (Conclusion No. 6, Council of the European Union, 2020: 2).

As of August 2025, there is no official operationalization of a social minimum in Romania, despite the constitutional responsibility of the state to safeguard the living standards of the population[3]. Five years ago, the Parliament endorsed the law on the minimum consumption basket for a decent living (*coșul minim de consum pentru viață decentă*) that should serve as a baseline for the national minimum wage (Law No. 174/14.08.2020). This minimum consumption basket contains daily consumption items (food and beverages, personal hygiene etc.), transport, communication, and housing costs, and it should be computed annually by the National Institute of Statistics (*Institutul Național de Statistică -* INS) following a methodology developed by Guga, Mihăilescu, and Spătari (2018) and commissioned by the Friedrich Ebert Stiftung (FES). INS constructed the basket only in 2022, explaining the long delay by the fact that the minimum consumption basket, as presented in the annexes of the law, contained several underspecified details that the institution had to clarify first, and then obtain

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[3] Article 47 of the Romanian Constitution, adopted in 2003.

the endorsement of the National Council for Statistics [4]. Consequently, for January 2022 the government set the minimum wage without accounting for the value of a minimum consumption basket, moreover, the gross minimum wage was set below the most recent available updated value of the basket (FES, 2020). More specifically, the *net* minimum wage (1524 lei) represented only 56% of the minimum consumption basket costs (2708 lei). The ombudsman raised this issue[5] without any tangible outcome so far. By 2025, the minimum net wage increased by 68% (2574 lei), and it represented 65% the minimum consumption basket costs (3971 lei) for a single person, for the previous year[6].

The return to a minimum consumption basket as a tool for social dialogue came almost eighteen years after this policy instrument was abandoned. As elsewhere discussed (Pop and Raț, 2016), soon after the change of the political regime in December 1989, the Research Institute for Quality of Life (ICCV) started to compute a *minimum decent* consumption basket and *a subsistence* basket (Barbu, 1992; Molnar, 1999; Mihăilescu, 2010). For a short period, from 2000 until 2004, an annually indexed *Monthly Minimum Consumption Basket[7]* computed by a national commission served as a policy tool (see also Mihăilescu, 2010). After 2004, no such instrument was *de facto* employed, although the list of social inclusion indicators approved by the government in 2005 (see HG 488/2005) contains the *rate of severe (extreme) poverty,* measured against an absolute threshold based on a minimum basket containing items for basic needs. ICCV continued to update minimum consumption baskets (Mihăilescu, 2012) while other policy actors designed alternatives such as the minimum basket for the elderly issued by the National Council of the Elderly (Consiliul Național al Persoanelor Vârstnice, 2015), the reference budget for a healthy food basket – within the *Reference budgets in Europe* project (Storms et al. 2014; Goedeme et al., 2015; Pop and Raț, 2016), and later by the experts commissioned by FES (Guga et al., 2018).

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[4] See, for example, Niculescu, D. (2021). Până la urmă, INS n-a apucat să stabileasă coşul minim de consum înainte ca Guvernul să stabilească salariul minim pe economie. Avocatnet.ro, 30.11.2021. https://www.avocatnet.ro/articol_59770/Pan%C4%83-la-urm%C4%83-INS-n-a-apucat-s%C4%83-stabileasc%C4%83-co%C8%99ul-minim-de-consum-inainte-ca-Guvernul-s%C4%83-stabileasc%C4%83-salariul-minim-pe-2022.html (12.08.2022).

[5] Avocatul Poporului (Romanian Ombudsman) (2022). Raport privind respectarea dreptului la muncă şi protecţia socială a muncii [Report on labour and social protection rights for workers]. Bucureşti: Avocatul poporului.

[6] Press Release of the Friedrich Ebert Stiftung on the minimum consumption basket, 22.10.2024, https://romania.fes.de/ro/e/comunicat-de-presa-actualizarea-cosului-minim-de-consum-pentru-un-trai-decent.html (30.05.2025).

[7] See Governmental Emergency Ordinance no. 217/24.11.2000 and the creation of a National Commission for the Establishment and Indexation of the Monthly Minimum Consumption Basket that functioned until 2004.

There is a stark difference between the envisaged usages of the minimum consumption basket in the early 2000 and twenty years later. Initially, it was aimed as a general policy tool for *both* wage policy and social benefits, most importantly unemployment benefits and the newly introduced GMI. In 2022, the law clearly stated that the minimum consumption basket for a decent living should serve as a benchmark only for the minimum national wage. Indirectly, some of the earnings-related social benefits within the insurance system, that are linked to the minimum wage, were safeguarded: maternity benefits, sickness payments, child-care leave benefits (the latter paid from general taxation but conditioned by previous work record). Other earnings-related benefits within the insurance system, most notably pensions and unemployment benefits, maintained their own benchmarks without any explicit reference to the consumption basket or the minimum wage. In the case of old age pensions, a minimum social pension (conditioned by work record) was introduced in 2009. For unemployment benefits, the benchmark was a Social Reference Indicator (*indicator social de referință,* ISR) introduced in 2008. ISR was generalized later (Law 292/2011 on Social Assistance) for a broad range of social assistance benefits, including GMI and universal child allowance, but then only selectively used in benefit indexation (Raț et al., 2019; Adăscăliței et al., 2020).

The fate of ISR is illustrative for the inconsistency of policy making in the field of minimum income protection for those outside of wage labour and lacking insurance rights, i.e. the most vulnerable categories of the population. ISR was introduced following a tripartite agreement[8] between the government, trade unions and employers' associations in July 2008 to gradually increase the national minimum wage until 2014 so that its value would represent half of the anticipated average wage. Trade unions argued that, as of 2008, the minimum wage corresponded to only 30% of the average wage, one of the lowest shares in the EU. The government accepted to implement a gradual upgrading of the minimum wage with the condition to limit the increase of public social spending by replacing the minimum wage with a new "social reference indicator" as a benchmark for a range of social benefits. The tripartite agreement stated that ISR should be annually indexed according to the evolution of the consumer price index, and the governmental emergency ordinance included this regulation (see OUG 126/08.10.2008 on the modifications of the Law 76/2002, article 127, point 3). As of January 2008, the minimum gross wage was 500 lei (cc. 125

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[8] For a briefing of the tripartite agreement, see Constantin Ciutaca, July 2008, Eurofund: https://www.eurofound.europa.eu/ro/publications/article/2008/government-proposes-decoupling-minimum-wage-from-social-benefits-and-contributions and https://www.eurofound.europa.eu/ro/publications/article/2008/tripartite-agreement-on-minimum-wage-rises-for-2008-2014 (Accessed: 12.08.2022).

Euro), and the government set the value of ISR at that amount in the emergency ordinance. In October 2008, the minimum gross wage increased slightly at 540 lei. In 2012, following the previously mentioned new framework law on social assistance, ISR became the standard reference for social assistance benefits such as GMI and means-tested family allowance, but also the universal child allowance. The government declared that the indexation of these benefits will follow the indexation of ISR, and each benefit will be computed as a function of ISR[9]. Despite that, between 2008 and 2012 no indexation of ISR took place and its value remained stuck at 500 lei, while the minimum gross wage increased at 700 lei. In the following decade the minimum wage continued to increase, but ISR remained frozen, and together with it the values of GMI. However, the universal child allowance was regularly upgraded, revealing a discretionary application of the framework law on social assistance. Neither the 2008 tripartite agreement on the indexation of ISR nor the calculation of social assistance benefits and child allowances as a function of ISR were respected. In November 2020, following post-crisis economic recovery and the revival of the manufacturing sector, an alliance formed by major trade unions, left-wing activist groups, and academics launched the "Campaign for Decent Living and Work" *(Campania pentru viață și muncă decentă)* that provided empirical evidence for the positive economic impact of upgrading ISR (Adăscăliței et al., 2020) and demanded its urgent increase. In their appeal to the President of the country[10], the organizations reminded that while the consumer price index grew by 137% between 2008 and 2020, ISR remained frozen. Ultimately neither the president, nor the Parliament majority backed the proposal to upgrade ISR.

However, the renewed *National Strategy for Social Inclusion and Poverty Reduction 2022-2027* (approved by HG 440/12.04.2022, hereafter *Social Inclusion Strategy*) set a statutory annual indexation of ISR by the inflation rate. Accordingly, the value of ISR increased incrementally by 5.1% in 2022, but as compared to the minimum wage the discrepancy deepened: ISR represented 34% of the net minimum wage in 2022, and only 26% by 2025. In a parallel

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[9] See Ministry of Labour, 28 December 2011, http://www.mmuncii.ro/j33/index.php/ro/comunicare/comunicate-de-presa/2048-ref-noile-reglementari-privind-acordarea-de-prestatii-sociale (Accessed: 12.08.2022).

[10] See the appeal as published by one of the leading trade unions in Romania, Cartel Alfa: https://www.cartel-alfa.ro/ro/comunicate-57/solicitam-pre%C8%99edintelui-romaniei-promulgarea-legii-de-majorare-a-indicatorului-social-de-referin%C8%9Ba-declarata-constitu%C8%9Bionala-95/ (Accessed: 13.08.2022). The appeal to president Klaus Iohannis came after the National Liberal Party (the party that the president belonged to before taking office) attempted to block a legislative proposal on the increase of ISR at the Constitutional Court, but without success.

evolution, the *National Recovery and Resilience Plan for Romania (PNRR)*[11], endorsed by the European Commission in September 2021[12], asserted as an objective of social and territorial cohesion „modernising the Romanian social benefits system by implementing the minimum inclusion income reform" (PNRR - Factsheet, 2021: 2). This referred to a proposal dating back to 2016 to merge the three main means-tested benefits: the GMI (Law 416/2001), support allowance for low-income families with dependent children (O.U.G. 105/2003), and heating subsidy for low-income households (O.U.G. 70/2011). The same reform was also mentioned in the *Social Inclusion Strategy 2022-2027*. However, unlike the former, PNRR stated that the GMI program would no longer use ISR, and benefits would be set in nominal terms and annually indexed. There were no specifications concerning *how* the values of GMI would be set. The 2024 reform ultimately followed PNRR, and not the *Social Inclusion Strategy*. Thus, two main strategic documents for the field of social inclusion and poverty alleviation, issued just months apart, had very different approaches on ISR. Still, none of them discussed benefit adequacy with reference to a minimum consumption basket, and the idea of a minimum inclusion income failed to be operationalized in terms of the minimum living standards of various types of families. In contrast, the Romanian Economic and Research Council (*Consiliul Economic și Social)* provided a detailed analysis of the (lack of) adequacy of the minimum national wage to the consumption basket of several types of minimum wage earner families with dependent children (Cace et al., 2022).

Expert recommendations (see Lancker et al., 2020) on the need for a *binding* EU framework on adequate national minimum income schemes to consolidate earlier EU resolutions[13] had almost no echo in Romanian politics. Likewise, civil society preoccupations to introduce an EU Directive on adequate minimum incomes, initiated by the European Anti-Poverty Network, in collaboration with Caritas Europa, Eurodiaconia, and the European Trade Union Confederation in

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[11] See https://ec.europa.eu/info/files/factsheet-romanias-recovery-and-resilience-plan_en (Accessed: 12.08.2022).

[12] See the decision of the European Commission, 27.09.2021, https://gov.ro/fisiere/stiri_fisiere/Proposal_for_a_Council_Implementing_Decision.pdf (Accessed: 12.08.2022).

[13] The European Parliament resolution of 24 October 2017 on minimum income protection as a tool for fighting poverty, Strasbourg. See: https://www.europarl.europa.eu/doceo/document/TA-8-2017-0403_EN.html (Accessed: 12.08.2022), and also a similar opinion of the European Economic and Social Committee on 20 October 2019 on Leaving no one behind when implementing the 2030 Sustainable Development Agenda, articles 5.8 and 5.10, see https://www.eesc.europa.eu/en/our-work/opinions-information-reports/opinions/european-framework-directive-minimum-income-own-initiative-opinion/opinions (Accessed: 12.08.2022).

2019, received almost no attention. The latter initiative ultimately failed in 2022, as it faced the opposition of Business Europe (see Shahini et al., 2024). Subsequently, the European Commission issued a "Council Recommendation on minimum income in 2022 to effectively support and complement the policies of Member States" (*The European Pillar of Social Rights Action Plan,* 2021: 27)[14].

To sum up: despite consistent effort of non-governmental and academic actors to build and adjust minimum consumption baskets, that also include a housing component, the idea of a social minimum has never materialized into a coherent benchmark across Romanian social policies. The Social Reference Indicator (ISR) could have hardly fill in this role, given that its very naissance occurred with the intention to curve down benefits and limit social spending. Moreover, despite the initial promise to upgrade ISR in line with the evolution of the consumer price index, such increase has never occurred. Instead, after 14 years, in 2022 ISR was for the first time adjusted to the inflation rate of the previous year, and after some incremental increase in 2023 and 2024, by 2025 its upgrading fell victim of austerity measures (Law 141/2025). These evolutions left room for considerable decline in real terms of GMI and strong pressure on beneficiaries to combine precarious work with social benefits. We turn to this issue in the next section.

Precarious labour and minimum income protection

Although the law on the Guaranteed Minimum Income (Law 416/2001) took shape only in 2001, the idea that social assistance benefits should compensate the budget of low-income households up to a minimum threshold dated back to 1995 (Law 67/1995). For the first year of the program, financing was ensured from the central national budget, but soon after, with the purpose to curtail costs, local authorities became in charge of financing this means-tested social assistance benefit, and they hardly prioritized it. In 1995, there were 559 thousand beneficiaries; by the end of 1999, only 88 thousand beneficiaries in the whole country (Molnar, 1999: 176). In 1997, households below the national poverty line could cover 22% of their consumption needs with the amounts received as social assistance benefits, while coverage was only 8% of the

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[14] For example, the only feedback from Romania on the on-line platform designed to collect suggestions on the minimum income in the EU came from an NGO focused on music and culture, the George Enescu Foundation, and it asked for a uniform EU-level minimum income guarantee. See: https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/13294-Recommendation-on-minimum-income/F2908104_en (Accessed: 12.08.2022).

population living below the poverty line and 62% of those facing severe poverty (Teşliuc et al., 2001: 145). By the end of the 1990s, very high inflation eroded the real values of benefits, and coverage also diminished drastically.

The design of a bureaucratically more complex GMI scheme, that also provides statutory health insurance, was marked by the preoccupation to limit the eligibility of those able to gain income from informal work or agricultural properties, and to co-interest local authorities in cost-containment. Local authorities provided 25% of benefit financing, and they were fully responsible for the social inquiries required by means-testing and for the organization of the community work that beneficiaries ought to perform. Moreover, allegedly with the aim to prevent benefit fraud, the list of beneficiaries (single persons or families) and the schedule of beneficiaries' compulsory community work were required to be posted publicly at the mayors' office. In a country where public institutions were often suspected of corruption, the attempt to control local authorities overruled any possible confidentiality concern. „Transparency" requirement discouraged uptake in the case of those facing temporary income loss. In addition, the nature of the compulsory community work, usually unskilled physical tasks such as cleaning public places, performed under the surveillance of a local guardian, induced a fear of stigma. Initially, GMI required 72 hours of community work; this was later reduced to the number of hours of work that would correspond to the value of received benefits, at the rate of minimum wage per hour. Means-testing was strict: local authorities had the possibility to estimate the use-value of agricultural land and farm animals in the region, while national regulations excluded those who owned more valuable properties such as a second home, a car, or more than two hectares of agricultural land. The assessment of resources was coupled with the assessment of needs, although services for vulnerable families have remained scarce. The requirement of meticulous means-testing contrasted on the one hand with the deficit of qualified welfare personnel, especially in rural areas (Lazăr, 2015), on the other hand with the lack of regulations over benefit indexation. Unlike other GMI schemes in Central and Eastern Europe (Raț, 2009), the Romanian one failed to include statutory indexation according to inflation or the consumer price index.

In relation to work, the initial form of the law contained three main regulations. First, the obligation of up-to-work beneficiaries to perform community work according to a schedule set by the mayor's office. Second, the prerogative of local authorities to approximate the value of *potential* income from informal labour (mostly in agriculture) and impute it as *really existing* income during the warm season. This led to considerable fluctuation in the number of beneficiaries during the year, especially in rural areas, with benefit payments suspended during the summer and gained back before winter (Ministry of Labour and Social

Justice, 2018). Third, eligibility to GMI was conditioned by formal registration at the county-level employment office and the proof of not having rejected any vocational training service or job offer, despite concerns over the "employability" of beneficiaries (Simionca, 2019). A symbolic 15% increase of the GMI benefit was promised to families that include a wage earner, yet such situations were hardly possible, due to the large gap between the values of GMI and the minimum net wage. As a longitudinal case study of GMI beneficiaries in the Cluj-Napoca, the second largest city of the country, had shown, low educational credentials, fragile health, and the stigma of being a welfare recipient prevented moving out of benefits to wage employment (Ciornei, 2017). Consequently, the initial design of GMI (2001 – 2009) excluded precarious workers by imputing *potential* income from seasonal labour (without any obligation of local authorities to prove that such incomes *de facto* exist) and by strictly imposing community work that limited their availability for temporary occasional work.

Following Romania's EU accession in 2007 and a new wave of reports on persistent poverty and meagre poverty reduction effects of social transfers, as well as complaints from local authorities being unable to support their 25% required contribution to GMI, the government commissioned to the World Bank the analysis of GMI and asked for recommendations. The main outcomes of this endeavour were that in 2009 the financing of GMI moved fully at the national level, means-testing became more strictly standardized, and benefits increased slightly. Importantly, the qualitative study elaborated within this collaboration highlighted the difficulty of undertaking community work, as a rule heavy physical labour outdoors, without proper protection, the meagre values of benefits, and the importance of statutory health insurance provided by GMI. Beneficiaries regarded statutory health insurance as their main reason to apply for GMI and remain within the program despite its overwhelming bureaucracy and very low level of benefits (Bojincă, 2009).

From the point of view of the status of precarious workers, the most important change in GMI occurred in 2015, when income from contractual day labour was exempted from the imputed income to qualify for GMI. In rural areas, this meant a bureaucratic U-turn, as previously local governments were supposed to input even *potential* income from occasional labour. Following the neoliberal transformations of the Labour Code in 2011 and the subsequent legislation that formalized day-labour (Law 52/2011), income from day labour became exempted from the computation of social assistance benefits aimed to compensate income up to the level of GMI. Now, day labourers in agriculture could keep their GMI benefit during the season of agricultural work, and together with that their health insurance entitlement. This can be regarded as a way of subsidizing agricultural production in a country where agriculture provides

around 10% of GDP. However, due to the high discrepancy between payments for day labour in Romania as compared to earnings that can be obtained in Germany, Italy, or Spain, seasonal transnational migration was often preferred to local day-labour. In that case, the family lost the GMI benefit due to missing from community work. As we will see in the next section (Figure 1), the total number of GMI beneficiary families and single persons showed a steady decline between 2015 and 2025, although, bureaucratically, eligibility broadened.

In 2018, three parametric changes reinforced already existing work-related requirements of GMI (see Law 192/2018). First, beneficiaries lost the right to refuse two out of three job offers presented to them, although this right to refuse was stated in the law on unemployment (Law 76/2002). Since October 2018, they had to accept the very first job-offer, and any vocational training possibility, otherwise their benefit would be cut and entitlement cancelled for 12 months. Second, local councils gained the possibility to trade the labour force of GMI beneficiaries with other public or private economic actors, i.e. to replace compulsory community work with labour performed for a company/local business. Instead of paying GMI beneficiaries as employees, the company would pay the local government for the labour performed by GMI beneficiaries. Their status did not change, meaning that they did not get entitlement to social insurance rights (pensions, sickness or maternity leaves, unemployment benefits etc.) and their health insurance was still conditioned by GMI. Third, the universal child allowance was no longer imputed as income, *de jure* broadening eligibility for families with children. In parallel, starting with November 2021, the heating subsidy (available only for the cold season) was supplemented by an energy support benefit granted throughout the year and based on the same means-test as the heating subsidy (Law 226/2021).

To summarize, right before the global financial crisis of 2009-2012, the financing of GMI became the responsibility of the central budget, with the intention to improve coverage in the poorest regions of the country. According to a recent study of FES (2018), there is a visible correspondence between the small number of available jobs in certain regions/counties (an indicator of lower economic development) and the relatively high number of GMI beneficiaries[15]. Nonetheless, ever since 2009, no significant indexation of GMI has occurred. Frequent audits from the National Agency for Payments and Social Inspection, in charge of supervising the administration of social assistance benefits, put pressure on local welfare offices to curtail costs and strictly control eligibility (Ciornei, 2017). The poverty reduction effects of GMI, measured by Țoc and

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[15] See FES (2018). Monitorul social. Beneficiari de VMG versus locuri de muncă. București: FES. https://monitorsocial.ro/indicator/beneficiari-de-venit-minim-garantat-vs-locuri-de-munca/ (Accessed: 12.08.2022).

Buligescu (2020) with the help of household budgets microdata from 2016, were minimal. With the help of EUROMOD[16] microsimulations, Stroie (2022) demonstrated that, as of 2019, an exemption of 35% of households' wage income when establishing GMI eligibility would have resulted in a 2.5% reduction of the poverty rate, while the costs of this measure would have increased spending on GMI by 15% (Stroe, 2022: 6-7).

Access, adequacy, and enabling aspects of the GMI in today's Romania

The Council of Europe (2020: 5-6) highlighted three key dimensions along which minimum income protection should be assessed: access, adequacy, and enabling aspect. Access is defined from the perspective of universality, and it entails non-discrimination and mechanisms that ensure take-up from all those in need. Adequacy means that the value of benefits allows a dignifying life, according to the living standards and *national* poverty lines. The enabling aspect means quality services, including those for employment and legal advice, adjusted to individuals' needs.

Previous studies, most notably Frazer and Marlier (2016) concluded that in 2015 in Romania the adequacy of GMI benefits was among the lowest in the EU, with very limited coverage and only partial take-up of benefits among those who should be eligible for them. Furthermore, they demonstrate that poverty reduction effects were very low, with partial decrease in the median poverty gap (Frazer and Marlier, 2016: 35-36, Annex 1A). Based on national experts' evaluations, they assert that the GMI program is very ineffective in linking its scheme to active labour market policies and quality services (Frazer and Marlier, 2016: 36). More recently, in 2021, in the context of the expected economic crisis following the Covid-19 pandemic, the International Monetary Fund (IMF) issued an analysis of the functioning of GMI schemes in Europe (Coady et al., 2021). The study looks at the potential work disincentives of GMI and computes Participation Tax Rate (PTR), Marginal Effective Tax Rate (METR),[17] and benefit generosity (operationalised as percentage of median income) for a single person, a lone parent with two children, and a couple with two children in 2019. Romania is singled out as one of the countries with the lowest benefit generosity and the

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[16] EUROMOD is a tax-benefit microsimulation model operated by the European Commission. See: https://euromod-web.jrc.ec.europa.eu/ (Accessed: 02.05.2025).

[17] Participation Tax Rate (PTR) means "the share of additional household income from moving into employment that is lost due to reductions in benefits and income taxation. [...] The Marginal Effective Tax Rate (METR) is computed as the share of additional household income from an increase in earnings that is lost due to reductions in benefits and income taxation" (Coady et al., 2021: 10).

highest PTR and METR (Coady at al., 2021: 14; see also Table 1, p.19), given that the GMI benefit de facto stops after taking up even a minimum wage job. Benefit generosity for a single person is the lowest in the EU (GMI equal to less than 10% of the median income), while for single parents and couples with children it fells much below the EU average (GMI and other benefits for families with dependent children corresponding to 25% of the median income) (Coady et al., 2021: 15). These conclusions of low benefit generosity as compared to other EU countries and even other Central and Eastern European countries are consistent with previous analysis (Kuitto, 2016). Concerning the high values of PTR and METR as reported in the study commissioned by the IMF, one should be careful in interpreting them as indicators of work disincentives on their own.

Thus, within the overall Romanian welfare state, the GMI remained modest in terms of coverage, welfare transfers effort, and potential poverty reduction (Teşliuc et al., 2015; Adăscăliței et al., 2020). The envisaged reform put on paper in 2016 was implemented with more than 7 years of delay in January 2024, in line with PNRR. As mentioned before, the new scheme, entitled "Minimum Inclusion Income", encompasses three means-tested benefits, namely GMI, the support allowance for low-income families with dependent children (*alocația de susținere pentru familiile cu copii),* and the heating allowance for the cold season *(ajutor pentru încălzirea locuinței).* The GMI for a single person was set at 260 lei for people below the age of 60, and 300 lei for those aged 60 or above, targeting those who do not qualify for old age pensions. As of 2025, the amounts increased at 366 lei for a single person of active age and 533 lei for an older person aged 65 or above. The increase was possible because, unlike in the case of other social benefits, GMI no longer applies ISR as a benchmark, but it states that GMI benefits should be indexed annually, in March, following the evolution of prices[18]. Furthermore, in an unusual way for Romanian social policies, it operates with an equivalence scale to compute an adjusted family income: the first adult person in the family weights one, while any other adult or child 0.5. This equivalence scale underestimates the per capita living costs of large families, as Romanian households spend on average 33% of their budget on food (INS, 2022). The reform induced an increase in the amounts of benefits and, also in the number of beneficiaries, reflected in the increased share of GMI in the budget of the Ministry of Labour from 2% în 2022 to 4.4% in 2025.

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[18] For a detailed explanation, see: Niculescu, D. (2025). Venitul minim de incluziune. Ce valori au noile ajutoare sociale, după majorarea din această lună. AvocatNet, 31.03.2025, https://www.avocatnet.ro/articol_69246/Venitul-minim-de-incluziune-Ce-valori-au-acum-noile-ajutoare-sociale-dup%C4%83-majorarea-din-aceast%C4%83-lun%C4%83.html (30.05.2025).

The new regulations also allow replacing community work with participation in formal education through the Second Chance program for early school leavers, cover travel costs, and maintain the payment of benefits for six months for those who get employed with a two-year or longer-term contract (see O.U.G. 101/2021). Nonetheless, the reforms failed to include a detailed discussion of a social minimum, avoided the issue of benefit adequacy, and disregarded the long-term consequences of precarious work (Pop, 2023), especially in the case of GMI beneficiaries from marginalized communities, many of them inhabited mostly by ethnic Roma (Raț, 2019).

Figure 1 offers theoretical microsimulations for the incomes of families with two dependent children according to their labour market situation: a long-term unemployed and/or precariously working family receiving GMI, a one-earner family, and a dual-earner family, each gaining the minimum wage. One can observe the wide gap between incomes provided by even *one* minimum wage as compared to social-assistance benefits. As of March 2025, a long-term unemployed and/or precariously working family with two school aged children, entitled to GMI, receive 915 lei/month as social aid, 286 lei/month as means-tested child allowance, and two universal child allowances of 292 lei/month (for each child). Altogether, their income is just 50% of the poverty threshold. In case that one of the parents gets employed at the minimum wage, they continue to receive means-tested child allowance, but at a slightly lower rate of 228 lei/month, while their social aid would be phased out. Their income would be around the poverty threshold, but much below the minimum decent consumption basket computed by FES (2024). In case that both partners work for the minimum wage, they would no longer receive any means-tested benefits, and their income would be 65% above the poverty threshold. However, that would be still only 55% of the minimum decent consumption basket.

These theoretical microsimulations exempt scholarships provided by the Ministry of Education, heating subsidies & energy supplement, as well as potential in-kind benefits granted by charities. However, the gap between GMI and the poverty threshold is too large to be filled in from these other potential sources, pushing beneficiaries to take up precarious work in the secondary labour market at home or abroad. This may lead to exclusion from GMI because of absences from compulsory community work, as well as to cuts in children's means-tested allowances and scholarships due to irregular school attendance. Wage labour might be preferable for GMI beneficiaries, especially on the long run, but access to wage labour is difficult due to their low level of education and the concentration of beneficiaries in the regions with the lowest rate of job vacancies (FES, 2018). Reliance on a combination or alternation of precarious labour and welfare benefits is typical especially among seasonal agricultural

workers, but also among low-qualified labourers in the manufacturing industry[19]. As Pop (2023) rightfully argues, these precariously employed, and mostly self-employed workers face unrealistic costs when trying to formalize their status and join the public social insurance system (health, pensions, unemployment). This explains why GMI was instrumental for them to obtain and keep public health insurance.

Figure 1. Incomes of a family with two school-aged children in 2025
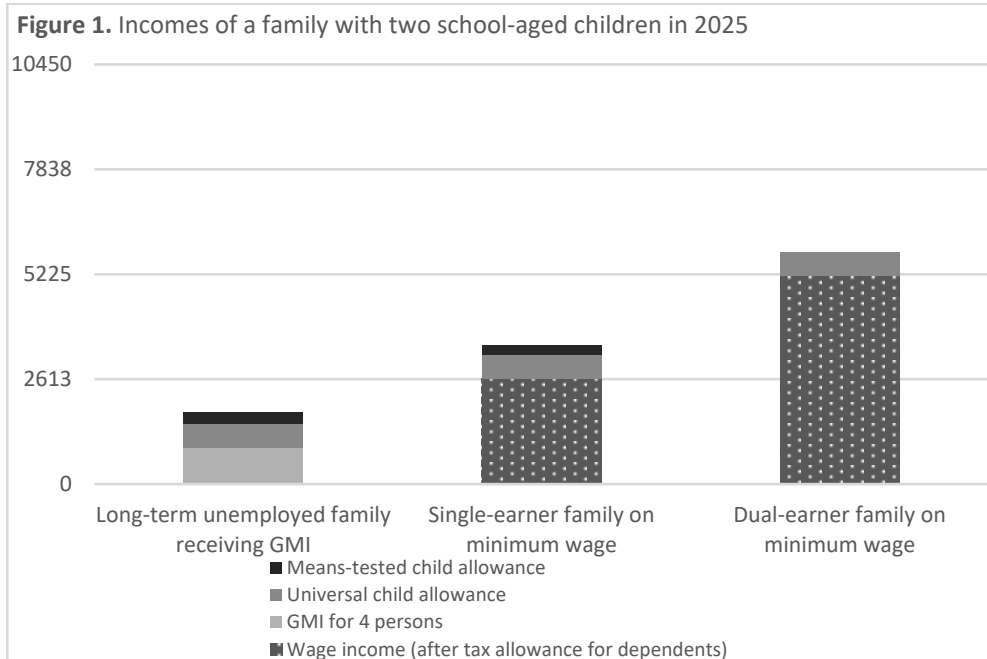
_____ At-risk-of-poverty treshold (relative monetary poverty) estimate
---------- Minimum decent consumption basket estimated by FES for 2024

Source: Author's computation and graph based on data provided by the Ministry of Labour on social benefits in the first quarter of 2025 and the minimum wage. The at-risk-of poverty of poverty threshold (Eurostat definition) was estimated at 3500 lei for a family of two adults and two school aged children, based on its earlier value of 3400 lei in 2023 and the 5% inflation rate in 2024. The value of the minimum decent consumption basket was estimated at 10450 lei based on its value for the previous year computed by FES (2024).

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[19] For an ethnographic case study of labour relations and the situation of the Roma from marginalized communities in a city from North-West Romania, see Deneva-Faje, 2025.

Figure 2 presents the evolution of the number of single persons or families who received social assistance benefits or means-tested child allowance during the last decade. Before the reform implemented in 2024, these were two different programs (GMI and means-tested family allowance), but by now they were united under the new GMI scheme, labelled as "Minimum Inclusion Income". For GMI, the numbers fluctuate around 170 thousand individuals or families until 2024, when a notable increase occurred. Data provided by the Ministry of Labour do not allow to count the number of *persons* receiving GMI, neither their age structure. However, we know from the 2021 study undertaken by the Ministry of Labour[20] that, at the time, 31% of GMI recipient households were single persons above 65 years old, 20% single persons below 65 years old, 17% lone-parent families, 16% families with less than three children, and 16% families with three or more children (Ministry of Labour, 2021). We can only assume that the increase in the number of GMI recipients following the 2024 reform is explained by the higher GMI eligibility threshold, especially in the case of older persons above 65 years old who do not qualify for pensions, and the possibility to cumulate social assistance benefits under GMI with disability payments. In the case of means-tested child allowance, we see a sharp decrease from cc. 350 thousand families to cc. 150 thousand families. This decline was not accompanied by an improvement of child poverty rates or poverty gaps, and therefore it is likely to indicate difficulties in the uptake of benefits. Indeed, as elsewhere discussed (Raț and Szikra, 2019) starting with 2011 eligibility to means-tested child allowance was conditioned by the proof of regular school attendance, and that led to the exclusion of families from marginalized, impoverished communities, who lacked the necessary resources to secure their children's daily school attendance.

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[20] In January 2021, the newly appointed liberal Minister of Labour, Raluca Turcan, launched a national-level evaluation of the GMI program to counter alleged "fraud" in the system. The evaluation was completed by the end of March, and the position of the Minister became more nuanced, as she realized that the program failed to meet the needs of beneficiaries and suffered from exclusion errors (not reaching out to all those in need). While the emphasis remained on the role of active labour market policies for GMI recipients, the data on the age and family structure of beneficiaries clearly indicated that such policies do not fit in a large share of cases. See the 30.03.2021 press release of the Ministry of Labour (2021).

Figure 2. The evolution of the number of families receiving GMI and/or means-tested family allowance
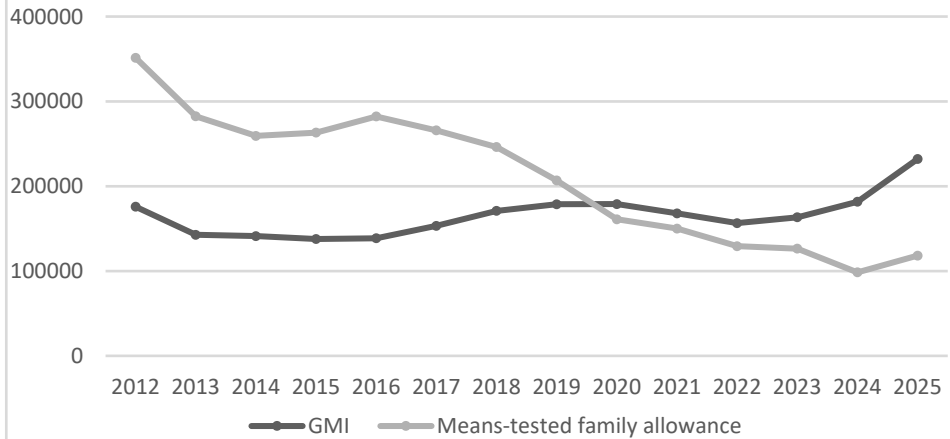
Source: Ministry of Labour, 2025. Author's graph.

Figure 3. The evolution of the Social Reference Indicator (ISR) in relation with the minimum net wage, the poverty threshold, the guaranteed minimum income and the minimum pension
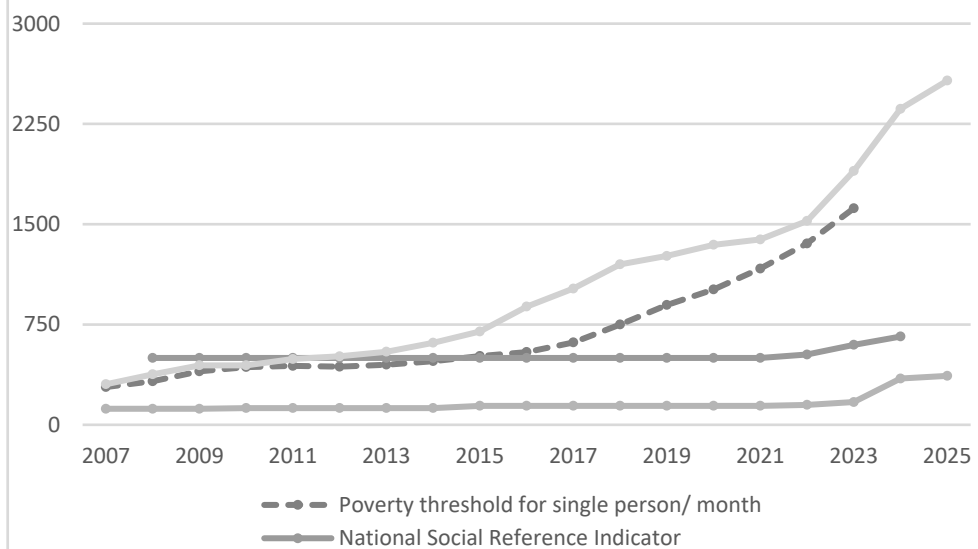
Source: Ministry of Labour, 2025. Author's graph. For an earlier version, see Adăscăliței, Raț and Spătari, 2020: 6.

To estimate benefit adequacy, the case of a single person household was used. As **Figure 3** shows, between 2007 (the year of EU integration) and 2022 there was no significant increase in the value of GMI, consistently with the lack of indexation of ISR. In 2023, when the latter was indexed by 5.1% (the inflation rate of the previous year), GMI increased correspondingly. The 2024 reform brought a more notable upgrading of benefits, yet the gap between GMI and the at-risk-of poverty threshold (relative monetary poverty) remained large. In 2007 the value of GMI for a single person accounted for 42% of the relative at-risk-of poverty threshold, by 2020 this figure decreased at 14% and, following the reform, in 2025, it increased at cc. 22% of the latest available at-risk-of poverty threshold (2023). As compared to the minimum national net wage (single person, no dependents) the relative value of GMI decreased from 40% in 2017 to less than 10% in 2022, and it recovered slightly at 14% in 2025, after the reform.

The analysis of the enabling aspects of GMI would require a separate study, as it should encompass the availability and quality of vocational training programs, access to Second Change schooling for early school leavers, and the experience of community work, the use of health care services in the public system based on statutory health insurance, access to and use of legal advice as *de jure* provided by GMI. It should also regard the synergies between the GMI scheme and the law on social marginalization (Law 116/2002) that targets GMI beneficiaries who cumulate several forms of vulnerability and/or deprivation. However, such synergies have rarely materialized, and the severely impoverished situation of marginalized Roma communities painfully demonstrates this (Vincze and Hossu, 2014; Raț, 2019; Vincze et al., 2025). For the purposes of the present paper, we remain at the analysis of the welfare effort invested by the state for social transfers aimed to combat poverty and social exclusion. As **Figure 4** shows, expenditures on social exclusion benefits (not included elsewhere, thus without the support allowance for low-income families and without the heating subsidy & energy supplement) increased from 3.8 PPS/ inhabitant in 2000 to 46 PPS/inhabitant in 2007, and then decreased again, after the global financial crisis, to 18.6 PPS/inhabitant in 2019. Following the reform, it increased at 63.2 PPS/inhabitant in 2025. This is significantly lower than the EU-27 average of 254 PPS/inhabitant. In terms of percentage of the GDP, the share fluctuated around 0.2% of the GDP between 2002 (when GMI became effective) and 2016, and then it decreased to 0.1% of the GDP (Eurostat, 2025). In contrast, the EU-27 average was cc. 0.5% throughout this period. By 2023 (latest data available), spending on social exclusion benefits accounted for 0.4% of the GDP in Romania and 1% in the EU on average (Eurostat, 2025)[21].

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[21] For 2023, see Eurostat: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Government_expenditure_on_social_protection.

Figure 4. The evolution of spending on social assistance benefits to address social exclusion in PPS per inhabitant
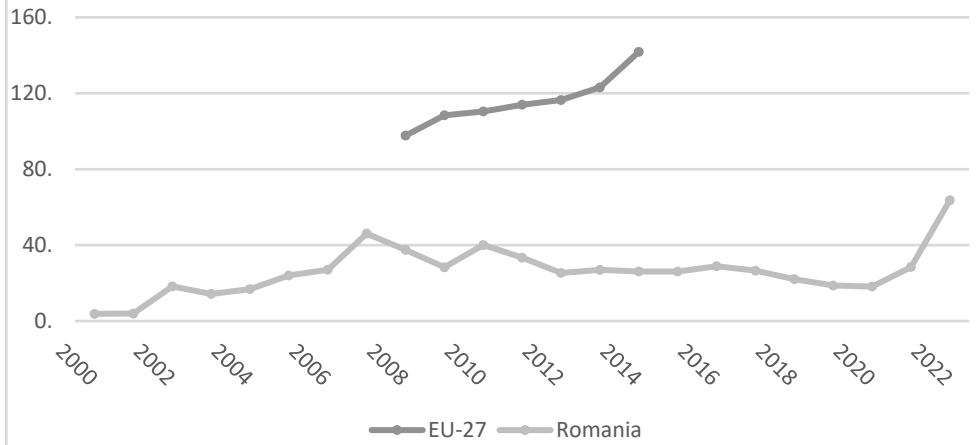
Source: Eurostat, 2025. Author's graph.

Figures 5 and **6** present the rates of at-risk-of poverty (relative monetary threshold) and the relative poverty reduction effects of social transfers (pensions excluded) between 2007 and 2024. We can see that, as compared to the EU-27 average, the poverty rate for the working age population (aged 16-64) is significantly higher in Romania, with a 25% peak in 2014 (in the aftermath of the global financial crisis) and a gradual, yet small decrease to 18% in 2024. In terms of relative poverty reduction, in Romania the figures are almost the same for the whole population and those of active age throughout this period. Whereas between 2014 and 2011 cc. 25% of those potentially facing poverty avoided falling below the threshold due to receiving social transfers, between 2012 and 2024 this decreased at around 15%, with a brief improvement in 2021, most probably due to the additional welfare measures introduced during the Covid-19 pandemic. The EU-27 average was cc. 35% throughout this period, with a similar peak in 2021, when it reached almost 40% relative poverty reduction.

Due to the lack of data, a more focused measure on the poverty reduction effects of the GMI program was not possible. However, there are important differences in the at-risk-of poverty rates of the active-age population that indicate shortcomings of these programs. The poverty rate among those not occupied in the labour marker (except pensioners) fluctuated around 40% in the last decade.

Figure 5. The evolution of at-risk-of poverty rates in Romania and in the EU (monetary threshold)

Source: Eurostat, 2025. Author's graph.

Figure 6. The evolution of relative poverty reduction by social transfers (pensions excluded) in Romania and in the EU
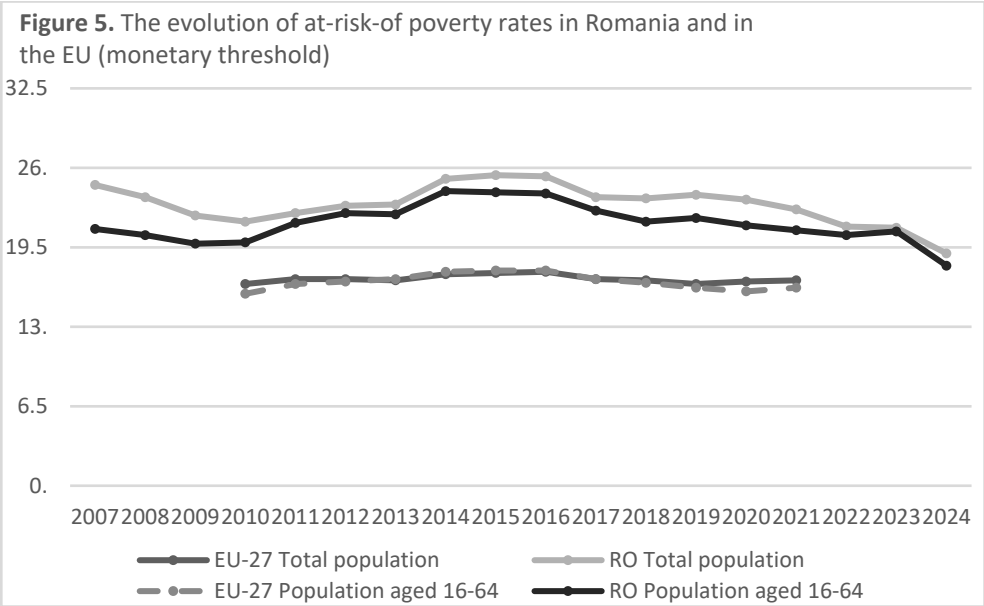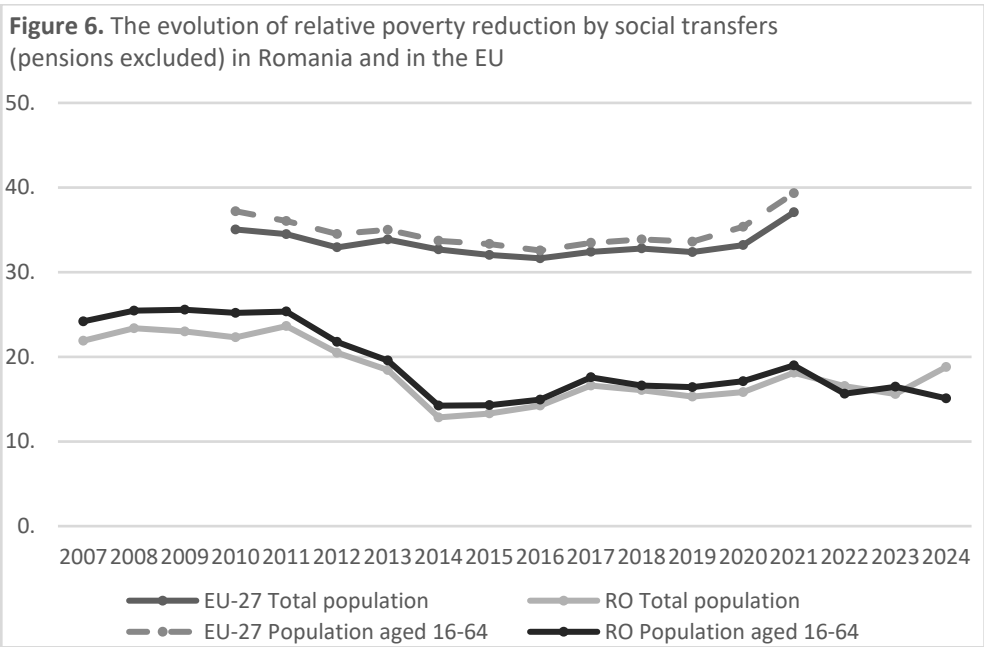
Source: Eurostat, 2025. Author's graph.

Tellingly, self-employed persons confronted almost 70% poverty rate in the aftermath of the global crisis, that gradually decreased to around 60% and then went back to 68% in 2023. In the same period, in the EU-27, it fluctuated at around 25%. The stark difference is caused by the fact that in most of the EU countries this category includes free lancers in the service sector, liberal professions, artists, and craftsmen, while in Romania the majority of self-employed persons work in agriculture and gain very low incomes, at times combining them with social assistance benefits (see also Pop, 2023).

Tentative conclusions

This paper argued that the Romanian Guaranteed Minimum Income program fails to secure an adequate value of benefits for those legally entitled to receive it. The fact that the Romanian legislation on social assistance benefits does not operate with a minimum consumption basket or reference budget allows an arbitrary indexation of benefits, even in situations when such indexations were previously agreed with social partners and included in governmental executive orders. The role of the European Union is important for putting pressure on the government to give more attention to the issue of poverty and social exclusion, yet national strategic documents designed to address these issues need better coordination. Measuring the extent of non-take up of benefits and more nuanced insights into its causes, especially among precarious workers from severely deprived and marginalized Roma communities, would be instrumental to improve the enabling dimension of the GMI scheme.

Acknowledgements

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DEGROWTH AND 'REGROWTH': SUBJECTIVE PERSPECTIVES OF THE NEW PEASANTS

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ABSTRACT. This paper investigates the emerging phenomenon of neo-rurality in post-socialist Romania through the theoretical lens of degrowth, analyzing the lived experiences of urban-to-rural migrants ("new peasants") pursuing alternative, sustainability-oriented lifestyles. Combining ethnographic interviews and participant observation, the study reveals how these actors reconfigure notions of labor, consumption, and community while navigating tensions between their aspirational practices and the socio-cultural norms of traditional rural settings. The analysis identifies neo-rural initiatives as sites of ecological experimentation and grassroots innovation, yet critically interrogates their ambivalent role in perpetuating or subverting power hierarchies tied to cultural capital and social class. By foregrounding the dialectics of individual agency and structural constraints, this work contributes to transnational debates on sustainable transitions, emphasizing the need for context-sensitive strategies that reconcile ecological resilience with emancipatory social transformation.

Keywords: Neo-rurality, Degrowth, Alternative Lifestyles.

Introduction: Reconfiguring the rurals

Especially in the last decade, amidst social, economic, and climatic crises, the rural space has begun to be rethought by a segment of the urban population not only as a place of refuge or retreat, but as a terrain for experimenting with an alternative lifestyle. This phenomenon, most often referred to as neo-rurality (Bessière, Tibère, 2013), has acquired distinct characteristics in Central and Eastern Europe, where the history of the post-socialist rurality and the relationship with the land imprint a specific configuration on this type of internal mobility.

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Amidst the growing systemic uncertainty and failures of the dominant economic model, the rural offers a fertile ground for existential, social, and political experimentation, sparking new forms of dwelling, production, and communal life. This shift is quietly yet powerfully reshaping the Romanian countryside through the arrival of new residents—often individuals with advanced education, with professional experiences in creative and liberal sectors, and a deeply articulated ethical and existential compass. These "new peasants" aren't simply replicating traditional agricultural models, but instead, they are pioneering hybrid lifestyles rooted in autonomy, self-sufficiency, voluntary simplicity, and ecological regeneration, aligning with the tenets of the degrowth movement (van der Ploeg, 2008). Degrowth highlights a growing trend among citizens, that implies that the new settlers, doesn't see at countryside only a source of food, but a model of community and local government (Duda, 2020). Far from a mere quest for tranquility or lost "authenticity", this movement can be understood as a deliberate choice to live outside or on the margins of late capitalism (Patocka et al., 2024), and as a form of critique enacted through practical experimentation with alternative structures of living (Latouche, 2009:7).

This voluntary rural migration, however, is far from a unified or ideologically coherent process. Rather, it opens up a critical zone of sociological inquiry concerning subjectivity, class, cultural capital, everyday politics, and the reconstruction of community. In this context, some questions arise: Who are these new rural residents? What values and lifestyles do they bring with them? How do they relate to notions of work, development, sufficiency, and well-being? And how do de-growth ideals manifest practically in a post-socialist context? Correspondingly, this re-ruralization process has less to do with the recuperation of traditional ways of life and more to do with rethinking development, labor, and well-being in terms that prioritize local autonomy, self-sufficiency, and mutual relations (D'Alisa et al., 2015:6; van der Ploeg, 2008). Practices adopted by these new rural arrivals transcend conventional divisions between public and private, individual and collective, economic and symbolic, reflecting an emergent form of ecological and communitarian subjectivity (Grasseni, 2013; Soper, 2020, Letters, 2021). The analysis of such practices allows for a more nuanced understanding of neo-rurality in the present context, emphasizing the importance of exploring the motives, values, and practices of those who choose to settle in the rural environment. Investigating rural subjectivities thus becomes essential to understand the complex dynamics of social and ecological transformations, as well as for identifying the potential of these initiatives to contribute to revitalizing rural communities.

To explore these dynamics, the present study undertakes a qualitative investigation between September 2024 and June 2025. This research utilizes in-depth interviews with self-identified "neo-rurals"—individuals who have

consciously relocated to rural areas and embraced de-growth principles—alongside participant observation and engagement in voluntary work on neo-rural farms. Through this multi-faceted approach, I tried to capture the nuances of evolving rural subjectivities, both in their narrative dimensions (the values and representations of rural life articulated by participants) and in their tangible manifestations (the choices they make regarding dwelling, agricultural practices, and community engagement). The study thus aims to contribute a more nuanced understanding of the re-ruralization process by foregrounding the perspectives of those who experience it as a deeply personal, yet politically charged decision, thereby illuminating the complex interplay of individual aspirations, class dynamics, cultural capital, and the ongoing reconstruction of community in the Romanian rural context.

Degrowth: Between economic critique and rural autonomy

The concept-platform of degrowth (Fr. décroissance) was introduced into public debate in France in the 1970s, in the context of the emergence of environmental movements and the increasingly vocal contestation of unlimited industrial development (Duda, 2020). The publication of the report "Limits to Growth" (Meadows et al., 1972) under the aegis of the Club of Rome, constituted a moment of reference for articulating a systematic critique of the economic model focused on growth, warning of the impossibility of maintaining an expansive economic metabolism within a finite planetary system.

After a period of relative marginalization, the social and intellectual movement called "degrowth" was reactivated starting in the 2000s, especially in France and Italy (Buch-Hansen et. al., 2024) and then throughout the Western world. In a contemporary context marked by accelerated ecological degradation, increasing global inequalities, and multiple systemic crises, degrowth proposes a deliberate decoupling between social progress and economic expansion (Patocka et al., 2024; Kallis et al., 2025). From this position, the degrowth paradigm increasingly clearly contests the dominant equivalence between economic growth and societal well-being, advocating for a profound reconfiguration of the imaginary of development (Buch-Hansen et. al., 2024).

Degrowth is defined, therefore, not as a simple quantitative reduction of production and consumption, but as a political, cultural, and existential project (Schmeltzer et al., 2022), oriented towards the radical transformation of how human societies organize their collective life, economic relations, and relationship with the environment (Kallis et al., 2022; Schmeltzer et al., 2022; Patocka et al., 2024). It is not about imposed austerity or technological regression, but about

a deliberate re-signification of prosperity, which privileges autonomy, voluntary simplicity, (self) sufficiency, and slow-life (Duda, 2020; Patocka et al., 2024). These values constitute the pillars of a post-growth imaginary, which emphasizes the quality of social relations, distributive equity, and care for ecosystems, to the detriment of material accumulation and unlimited productivity. In this sense, rural space gains strategic relevance in the degrowth vision, being perceived not as a remnant of incomplete modernization, but as a potential arena for socio-ecological transitions. Characterized by ecological diversity and potential for food and energy autonomy, the rural offers favorable conditions for reconfiguring the relationship with time, work, and consumption. Practices such as agro-ecological gardening, ecological construction, non-formal education, the use of local resources, and participation in alternative exchange networks – such as barter or the solidarity economy – become expressions of the degrowth, in which the "good" life is reconfigured in terms of autonomy, interdependence, and sustainability (Grasseni, 2013; Soper, 2020).

Although the origins of the degrowth paradigm are deeply rooted in the Western European context, the idea has begun to be adopted and adapted in Central and Eastern Europe, where the post-socialist specificity introduces a distinct historical dimension. In Romania, Bulgaria, Poland, Czech Republic, and Hungary, theoretical reflections and empirical research are still in an early phase (see, for example: Velicu, 2019; Frankova and Cattaneo, 2018; Takács-Gyögy et al., 2017), but increasingly more approaches explore the link between the crisis of neoliberal development and the emergence of initiatives for economic re-localization and community reconnection (Duda, 2020; Pungas et al., 2024). In this space, the memory of totalitarian regimes and of shortage economies can ambivalently influence perceptions of the idea of degrowth: on the one hand, the evocation of a simpler life resonates with degrowth values; on the other hand, it can generate a reflexive rejection, due to the historical association with the deprivations and constraints of the socialist past. This ambivalence reflects deeper societal tensions rooted in historical experiences with authoritative regimes and economic hardship, which shape contemporary attitudes towards alternative development models (Patocka et al., 2024). This ambivalence is essential for understanding the forms of degrowth manifestations in the region. The choice to move in a rural area does not only represent a retreat from the urban, but an implicitly political form of reorganizing daily life. Therefore, the practices of these actors are not only functional or adaptive, but can be interpreted as critical gestures towards the hegemonic model of a capitalist-consumerist life, articulating an alternative imaginary that values self-sufficiency, conviviality, and voluntary simplicity (Franková, Cattaneo, 2018; Graber, 2021).

Degrowth subjectivity, as manifested in the practices of the new peasants, can also be understood through the lens of the concept of downshifting. This refers to a practical manifestation of the degrowth movement (Duda, 2020) and describes a voluntary reduction in income and consumption, associated with a reorientation towards non-material values (Duda, 2020; Lindsay and Lane, 2020). The new peasants, by choosing to live in the countryside, to work on the farm, and to participate in alternative networks of production and consumption, adopt a form of downshifting that allows them to reduce their ecological footprint and increase their autonomy (Lindsay and Lane, 2020; Nuga et al., 2023). This decision is not without sacrifices and challenges, but is often perceived as a way to live in accordance with personal values and to contribute to a more sustainable society. However, it is important to mention that the downshifting of the new peasants is not always a purely individual choice, but is often accompanied by involvement in collective initiatives and a critique of the existing economic and social structures.

Implementing new values represents a heterogeneous and contradictory activity, situated between normative ideals and structural constraints. It reflects a process of continuous social learning, often informal and precarious, in which new relations are negotiated between the individual and the collective, between the economic and the ethical, between the local and the global. In this light, rural life becomes a laboratory of post-growth transition, in which incipient forms of alternative organization and community regeneration are tested, opening new horizons for the critical sociology of development.

Reinventing the peasant: rural (re)growth and social ecology

While degrowth marks a departure from the development paradigm, the concept of (re)growth – more often encountered as revitalization – proposes a repositioning of the rural not as "residual" space, but as fertile ground for reconstituting social, ecological and economic connections (Woods, 2011). Thus, a strategic repositioning of the rural is involved as a place of social and ecological innovation, where new forms of organization and production can thrive. In Van der Ploeg's view (2008), new peasants are distinguished by the ability to combine modern knowledge, often coming from outside traditional agriculture, with the recovery and valorization of local, ancestralized techniques, developing forms of agro-ecological production and alternative distribution networks. The new peasants are promoters of forms of production oriented towards sustainability, biological diversity, and reducing dependence on external inputs (Mollinga, 2011). They also develop alternative distribution networks, such

as local markets, solidarity purchasing groups, or direct sales, which reconfigure the relationships between producers and consumers and contribute to the revitalization of local economies (Van der Ploeg, 2008).

This "return to the land" must not be understood as a simple nostalgia or a passive return to tradition (Van der Ploeg, 2008). On the contrary, the phenomenon represents a revitalization of the rural as an active political arena, in which the dominant industrial agricultural models are contested and alternatives based on values such as autonomy, cooperation, and respect for the environment are promoted (Mollinga, 2011). As Van der Ploeg (2008) argues, the new forms of agriculture are in antithesis with the logic of the market and with the capitalist commodification of labor and production, and the "autonomy" gained or maintained by peasants must be understood as a form of "resistance" and of refusal of the ideals of "progress" imposed by the dominant economic paradigm.

The new residents, often carriers of high cultural and social capital (Bourdieu, 1984), coming from urban environments or from other highly qualified professional sectors, bring with them a transformative potential that manifests in educational, cultural, or economic initiatives that redesign the dynamics of the village (Woods, 2011). These can include educational farms, permaculture centers, cultural associations, or small artisan businesses, which contribute to economic diversification and the creation of jobs in the rural environment (Paddison, 2021). (Re)growth/ revitalization can thus be a form of re-appropriation and re-signification of the rural, in which the land, the community, and autonomy become key elements in a deliberate and critical life project, aimed at building a more equitable and sustainable future (Hagbert, Bradley, 2017).

To understand the complexity of rural subjectivities in Romania, an additional theoretical anchoring is needed in the concept of social ecology, developed by Murray Bookchin (1982, 1987). This perspective, which combines ecology with a critical social analysis, offers a pertinent framework for understanding how environmental problems are inextricably linked to power structures, socio-economic inequalities, and forms of alienation specific to human societies (Best, 1998). More precisely, social ecology argues that the domination of nature has its roots in social domination, and to resolve ecological crises, we must fundamentally transform the hierarchical and oppressive relations between people (Holohan, 2018). Moreover, social ecology allows for a nuanced approach to neo-rural initiatives, surpassing both romanticized and reductionist visions and grounding a critical analysis of their transformative potential.

Social ecology starts from the premise that ecological crises are not the result of isolated natural factors or individual behavior, but are generated by hierarchical systems and social domination (Bookchin, 1989). In this sense, the analysis of new ruralities requires a careful examination of how the historical

heritage of the region, marked by forced collectivization, intense industrialization, and then neoliberal transition, influences social relations and the relationship with the environment. Rural communities in Romania often face depopulation, economic precarity, and limited access to resources, which generates feelings of social mistrust, alienation, and lack of agency (Dumitru et al., 2021). In this context, re-ruralization initiatives can be interpreted as attempts to counteract these negative effects, by rebuilding social ties, revitalizing local economies, and renewing the relationship with nature.

In this sense, we can identify a correlation between the ethics of self-sufficiency promoted by the new peasants and the principles of decentralization and local autonomy, fundamental to social ecology (Altieri, 2015). By adopting agroecological practices, building ecological dwellings, or participating in alternative exchange networks, the new rural residents not only secure their means of subsistence, but also demonstrate a capacity for self-governance and for building resilient communities (de Molina Navarro, 2015). This local autonomy, in the vision of social ecology, is not merely a matter of economic efficiency, but also an essential condition for the development of an ecological consciousness and an ethics of responsibility towards the environment and community.

Moreover, social ecology invites us to examine how the new rural residents relate to the concept of "progress" and "development." In contrast to the dominant model, centered on economic growth and unlimited consumption, the new peasants promote an ethics of sufficiency, voluntary simplicity, and connection with nature (Soper, 2020). This redefinition of well-being, which accentuates the quality of social relations, distributive equity, and respect for the environment, can be interpreted as a form of resistance to the alienation and instrumentalization of nature, characteristic of capitalist society (Duda, 2020). However, it is essential to avoid an idealized vision of this ethics and to subject it to critical analysis, considering the economic constraints, social pressures, and difficulties related to access to resources and technologies, which often confront the inhabitants of the rural, a situation that can generate compromises and ambivalences in the application of degrowth principles. Therefore, it is crucial to investigate how these constraints influence the practices and discourses of the new rural actors, in order to understand the limits and transformative potential of social ecology in the specific context of Romania.

When attempting an analysis of the new rural residents, it is essential to avoid a romanticized vision of this lifestyle. Rural realities are often marked by economic precarity, limited access to public services, and deficient infrastructure (Pineiro, 2022). In the specific context of the CEE, these challenges are often amplified by the heritage of the post-socialist transition, by accentuated rural depopulation (Czibere et al., 2021; Dumtru et al., 2021; Guzi et al., 2021), by the

desire for accumulation and consumption as a counterpoint to the period of precarity characteristic of the 80s and 90s. Moreover, it is important to critically analyze the potential for "rural revitalization" to reproduce, in a new form, pre-existing social and ecological inequalities (Ahlmeyer, Volgmann, 2023). Access to land, capital, and specialized knowledge may favor certain social groups to the detriment of others, perpetuating or even exacerbating rural disparities. Recent analyses in CEE highlight the risk of "degrowth" initiatives becoming enclaves of an urban "creative class," with a limited impact on local development and the potential to generate social tensions with traditional residents (Anitra, Liegey, 2025; Patocka, 2024). Thus, it is crucial to examine to what extent the initiatives of "degrowth" contribute to an equitable redistribution of resources and power, or whether they become simple privileged enclaves, isolated from the rest of rural society.

Methodology

This research investigates rural subjectivities within Romania's degrowth movement, exploring the experiences and perspectives of "new peasants" who seek to align their lives with the values of autonomy, self-sufficiency, voluntary simplicity, and ecological regeneration. To address the central questions – Who are these new rural residents? What are their values and lifestyles? How do they relate to work, development, sufficiency, and well-being? How does degrowth manifest in a neoliberal and post-socialist context? – I employed a qualitative approach.

Data collection involved in-depth interviews with at least one member of each of ten households, ensuring representation of both female and male perspectives. Households were selected based on their residents' active pursuit of degrowth principles and a minimum of two years of rural living (ranging from 2.5 to 15 years). Interviews, conducted within the participants' homes, followed a flexible framework of themes and sub-themes, tailored to each respondent's experiences. Topics included reasons for relocation, degrowth values and practices, food procurement and income sources, community relationships, and aspirations and challenges in their new lives.

Participant observation, conducted during approximately one day in each household, provided valuable contextual insights. I participated in daily activities such as gardening, cooking, and preserving, and observed interactions among household members, volunteers, visitors, and neighbors. Field notes from these observations were integrated with interview data to provide a rich,

nuanced understanding of degrowth practices, social dynamics, and the challenges faced by new peasants. Additionally, online materials, including Instagram profiles and YouTube podcasts created by the participants, were analyzed to capture their self-representations and public engagement. This multi-method approach aims to provide a holistic understanding of how degrowth values are embodied in concrete practices, social relations, and aspirations.

This study aims to contribute to a deeper understanding of how degrowth values materialize in concrete practices, in social relations, and in the aspirations of new rural residents. Furthermore, through a critical analysis of the structural constraints and inherent ambivalences of this process, the paper can offer valuable perspectives for public policies and community initiatives aimed at rural revitalization, ecological transition, and the promotion of more equitable and sustainable forms of development. Ultimately, this investigation aims to open up new directions for research, stimulating a broader academic and public dialogue about the transformative potential of degrowth movements in the specific context of Romania.

Findings: The Ethics of Sufficiency and the Aesthetics of Simplicity

One of the challenges of studying neo-rurality lies in understanding the subjective dimension of decisions to live "differently." Recent literature on post-growth living (Soper, 2020) emphasizes that choosing a simpler life, outside the city, is not just a form of renunciation, but also a choice based on redefining well-being in terms of time, relationships, health, and meaning. This ethic of sufficiency contrasts with dominant productivist norms (Duda, 2020) and generates distinct forms of identity and belonging. As empirical research has revealed, the new peasants not only "work the land" but produce themselves as subjects in relation to a set of values related to autonomy, ecology, interdependence, and voluntary simplicity. Through this lens, everyday gestures – such as composting, collecting rainwater, or participating in collective purchasing groups – take on an ethical-political charge and become expressions of an emerging degrowth subjectivity. However, while these values are commendable, their implementation can be complex and challenging in the real world. For example, while the pursuit of simplicity is a core tenet, it often requires significant resources (time, knowledge, initial capital) to achieve, creating a potential barrier to entry for those with fewer advantages.

Who are the new peasants?

Further clarification of the characteristics of the investigated population is needed to circumscribe the specificity of this niche of "neo-peasants." It is a distinct "group," defined by an accumulation of socio-economic and cultural traits. The present research intentionally sought to identify and discuss individuals who fit a specific profile: people with higher education, who have lived a significant period in urban centers (Cluj Napoca, Sibiu, Oradea, Braşov, Târgu Mureş) and who, previously, obtained income from non-manual activities, often involving high professional qualifications. Of the 18 "neo-peasants" included in the study, belonging to 10 households, 16 have completed higher education, and 14 have previously held jobs that required a university degree. The structure of households varies, with most being composed of the nuclear family (with or without children), but I also visited a single-person household and another formed by two adult sisters and their mother.

Beyond the educational level, their social trajectory is essential. These individuals, possessing a distinct habitus, have accumulated cultural and symbolic capital in the urban environment, internalizing its codes and values (Bourdieu, 1984). However, in adulthood, they chose to deconstruct this initial habitus, opting for another lifestyle, characterized by "slow living" and a re-evaluation of the relationship between work and consumption, but not under the sway of material precariousness. Their distinction, therefore, does not reside in the simple practice of gardening, but in an acute awareness of the contrast between two worlds: on the one hand, the urban universe, governed by the imperatives of consumption and production and, on the other hand, a reconfigured rural space, which privileges self-sufficiency, local production and distribution networks, and a slower existential rhythm. This ability to navigate between the two realities, to understand and critique both the urban logic of consumerism and traditional rural practices, represents a defining trait of those I decided to study.

Even if some decisions to move from urban to rural areas were spontaneous, and others involved years, the discourses of the members of the ten households are very similar when talking about the motivation for moving to the countryside: "the need to live simpler and better", "the desire to grow in the true sense of the word", "a better life for my family", "the need for authenticity". From the broader answers, I was then able to encompass the following categories of motivations: healthy food; detachment from global markets (independence); the need for slow living; the difficulty of coping with a schedule imposed by others and the desire to experience a lifestyle closer to the values they believe in (responsible consumption).

None of the respondents wants to return to the city (in a locative sense), but neither a total break from urban networks (acquaintances, family, social relations, including activities in NGOs or environmental actions). Those who have children of school age (middle or high school) are discussing options to facilitate the relocation of their children to large cities to accumulate a type of typically urban life experience; then the decision regarding the adopted lifestyle will belong to the children, who have become young adults in the meantime. Those who have young children say that they have not yet intensely analyzed the aspect related to the education of children in high school, and for primary grades they opt either for home schooling or for the school in the village.

> "So far it has been very good here. The eldest was at school here, the youngest at kindergarten. I don't think there are any shortcomings so far. We still have time to think about how we will proceed, but they will do high school either in Mediaş or in Sibiu and I will then ask my mother for help." (M.H.)[2]

That being said, the interviewed subjects do not fall into the category of those seeking an escape from reality, but rather adopt a lifestyle aligned with the principles of nature, in opposition to consumerist values. They pursue, especially for their families, an ethical and anti-consumerist lifestyle, engaging, to varying degrees, in information campaigns on environmental issues[3]. It is important to emphasize that the subjects do not show adherence to traditionalist or conspiracy ideologies. On the contrary, they promote progressive visions, with increased attention to the negative impact of excessive technologization and consumption on the environment.

Reconfiguring Work

Many of the subjects (especially those who know the terminology of degrowth, downshifting, off the grid) use the term "(re)-growth" when referring to the reconfiguration of relationships with work, consumption, and community. In what follows, I will try to develop, as it emerged from the field research, the way in which these "new peasants" reinvent their work, integrating it into an ethic that prioritizes human and ecological values to the detriment of unlimited economic growth.

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[2] M.H.: Former corporate employee; herb grower, micro-farmer.
[3] Organizing local fairs and training sessions for the community; organizing village days; organizing screenings of environmental documentaries; Member of environmental NGO; member of international informal environmental communities; environmental activists.

"I know what degrowth means because I'm interested in discussions on this topic. Now, I don't know if the term degrowth is the best or if what we experience on a personal level is regrowth or a different kind of growth. Or rather super-growth (laughs) (V.D,)[4]."

Households were chosen based on the criterion that at least one member was exclusively engaged in domestic work on micro-farms but the types of work that generate income for my respondents are more diverse: two respondents continue to carry out gainful activities in corporations in a remote system (one of them in the ESG department, the other in the IT department, with the intention of giving up the job in the coming months), and one person each is involved in physiotherapy, professional photography activities, architecture, and management in performative artistic projects. With the exception of the two who continue to work in the corporation, all other types of economic activities function by integrating principles that do not contrast with the downshifting process. The types of work in which the subjects are engaged – whether we are talking about household work or other flexible work – are decentralized and self-managed, and workers have control over work processes and can carry them out respecting at least partially principles specific to degrowth ideology. More precisely, they can decide what types of materials, products or projects they use and propose, which respect the principles of sustainability and responsible production, reducing the negative impact on the environment. Choosing ecological materials and local products, the emphasis is on regenerability and energy efficiency, in order to minimize waste and promote a circular economy. Through these choices, subjects contribute to promoting a culture of conscious consumption, which combines ecological concerns with increased autonomy over their work.

"Coconut and shea oils are very good, but they are produced far away and come from far away. I chose to work (massage) with local products and mostly I produce my own oils." (R.V.[5]).
"I don't have total independence because I depend on a source of funding, but I can decide what projects to write or what projects to get involved in.
For several years I have managed to get involved in activities with a more socio-political character. [...] Maybe this is also a form of activism." (I.T.)[6]

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[4] V.D.: She graduated of the Faculty of Letters and worked as a copywriter, now she is a micro-farmer, involved in different forms of environmental activism (mainly in virtual communities).
[5] R.V.: Physical therapist, micro-farmer.
[6] I. T.: Cultural worker; micro-farmer.

Returning to the work in micro-farms, the main problem encountered in all the visited households is the lack of labor from outside the family. This problem is deeper in villages where social networks are weaker, but it was mentioned even in the case of those who live in a village that still maintains the tradition of "clacă" (community work):

> "We still have clacă. When I chose to move here, I already had a long period of research related to the villages in the Transylvania area. I was definitely looking for a village where there were neighborhoods and the idea of community was maintained. Just last week, 40 villagers participated in the claca, out of the 60 who are officially registered (n.r. the number of villagers is higher on weekends or during the warm period of the year). But you can do claca for specific activities, such as building a house. I need people to work for milking goats, for cleaning the stable. I can't appeal to claca for that" (A.J.)[7]

The scarcity of available labor significantly limits household activities, often restricting them to the capacities of household members alone. This reliance on internal resources underscores the challenges new peasants face in adapting to rural life. While only two of the analyzed households employ a permanent worker, and others occasionally hire day laborers, the limited access to reliable help is a persistent obstacle. Attempting to overcome the local labor shortage, four households have turned to volunteers, sourcing them either through specialized international networks or by leveraging knowledge networks to mobilize individuals from urban areas. However, even with these efforts, the difficulty in securing consistent and skilled labor remains a key factor shaping the adaptation process for these new rural residents.

> "I tried with Nelu, a man from the village good at everything. The problem is that if it's a holiday he doesn't come, the second day after the holiday he doesn't come again because he's "recovering." You can rely on him, but it's harder to get along with him and if you understand his rhythm, you do good work with him." (T.H.)[8]
> "We wanted to work with a younger girl from the village and somehow get her a work permit. She has eight grade education, but she is very capable and serious. She came for a short period and helped us with the preserves because it happened to come in August and September. But in the autumn she left because she said it's better to go to Târgu Mureş to work and maybe stay there. She says she doesn't want to stay here because it's still going to be hard for her." (S.F.)[9]

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[7] A.J. : Ex-engineer. Now he raises goats and cows.
[8] T.H.: Photographer and micro-farmer.
[9] S.F.: After graduating the college, he worked abroad before becoming a farmer.

In contrast to the capitalist model, in which work tends to be alienating and oriented exclusively towards maximizing profit, the new peasants reject the logic of unlimited productivity. They all told me that they work in the rhythm of nature, respecting the limits of the body and the environment, and attach great value to manual labor and practical knowledge. This paradigm shift highlights a redefinition of success, where value no longer lies in the accumulation of capital, but in the quality of life, in balance, and in contributing to the well-being of the community and the environment. The new peasants thus become actors of their own destiny, taking control over how they work and live, promoting a more conscious, holistic, and degrowth-aligned form of labor. In this sense, the process of downshifting is not just a reduction of activities or lifestyle, but an update of values and relationships with work, oriented towards a more authentic and responsible existence.

In all ten visited households, the main source of income remains the production made within the micro-farm, and the prices practiced for commercializing the goods are considered "fair." For example, C. C. explained in detail the method of setting the price: she calculates the cost of production, to which he adds the number of hours worked and the value of her work. The goal is not to generate surplus value, but to pay as correctly as possible both for the work of the producer and for the product itself. I found the same logic in other micro-farms: a "salary" or a payment per day of work is fixed, the investment is recovered, and the accumulation of capital over these amounts is not pursued. This approach indicates a redefinition of economic success, centered on equity, sustainability, and well-being, rather than on the unlimited accumulation of capital. But here I think it is necessary to emphasize a crucial aspect: the estimation of the payment of labor is significantly above the usual rate of payment/hour in Romania (often 1.5- 2 times higher), aligning more with highly qualified salaries., and many of the products enter the niche of luxury products, with prices above the average in the conventional market.

Unlike local workers who often adhere to agricultural practices incompatible with permaculture, organic, and sustainable cultivation principles, volunteers typically arrive with greater flexibility and a pre-existing understanding of best practices from similar farms. Working with international volunteers is valued for their diverse skills, increased visibility, and time resources, while involving local labor offers contextual knowledge, social legitimacy, and continuity. While the new peasants actively seek to involve locals in their household work, contrasting visions on how things "should be done" can make collaborations difficult. This tension, rooted in conflicting agricultural philosophies and community development approaches, can hinder the establishment of a strong, collaborative social ecology.

"If I were to do classical agriculture or monoculture, I could put only wheat on the whole land, let's say, and with a tractor I would work everything alone and maybe I would also get a subsidy. This type of production [organic, micro-crops with rotation] is not done like that. Here you need people, even if we don't dig [refers to the no-till technique]. [...]. Rather than have someone who works to take money, but doesn't care about what I have in the garden and "knows better" how big onions grow and without worms, I'd rather look or wait for a volunteer. Or we'll see..." (L.)[10]

In addition to own production or the purchase of products, in two of the households, bartering constitutes a significant way of accumulating goods, reflecting a strategy of avoiding, as much as possible, the use of money. The fact that the inhabitants manage to feed themselves throughout the year almost exclusively from local products (from their own household, from neighbours and from neighbouring localities), mobilizing as few financial resources as possible, is appreciated as a desirable behavior among the new peasants. This food autonomy and the reduction of dependence on global supply chains represent a key element of the degrowth philosophy. However, it's crucial to acknowledge that this lifestyle, while admirable in its principles, is largely accessible only to those in a more beneficial position within the current societal structure. This advantageous position stems from a combination of factors: their pre-existing social and economic capital, which allows them to absorb initial financial risks and access resources; their education and skills, which enable them to market their products effectively; and their access to networks that support their alternative economic model. This raises questions about the scalability and wider applicability of this degrowth model, highlighting the need for systemic changes to make it accessible beyond a select group.

Consumption: The Ethics of Sufficiency and Alternative Networks

Beyond reconfiguring the relationship with work, the new peasants also adopt a distinct approach to consumption, characterized by an ethic of sufficiency and an aesthetic of simplicity. They do not present themselves as mere passive consumers, but as conscious actors who critically question their needs, express a pronounced interest in the modes of production of goods, and prioritize non-capitalist economic relations, such as short chains, local markets, and bartering. One can observe, therefore, a transition from a consumption model guided by abundance and materialistic aspirations towards one based

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[10] L: is a farmer and studied agronomy at university.

on moderation, durability, increased attention to resources, and a more direct relationship with the sources of production.

One of the most prominent aspects of this transformation in consumption practices is food. Most respondents chose to give up products from supermarkets, opting for a diet based on food grown in their own household or purchased directly from local producers. This preference for local products is not just a matter of taste or concern for health, but also a way to support the local economy and reduce the ecological impact associated with transporting food over long distances. Reorienting towards more "conscious" food consumption often involves (re)learning traditional practices, such as preserving food, preparing pickles, or baked goods. These activities are not only ways to ensure long-term supplies and expressions of increased autonomy and a closer connection to the rhythms of nature, but also, increasingly, a marker of distinction and cultural capital, particularly amongst a certain segment of the urban middle class. While often framed as a rejection of consumerism, this aesthetic can, paradoxically, transform these practices into a form of conspicuous consumption in themselves – one where the emphasis is on ethical and sustainable goods. This highlights a potential tension: the pursuit of degrowth ideals can inadvertently reinforce existing social hierarchies if these practices become exclusive or performative. At the same time, these practices also have a therapeutic dimension: connecting the self with natural frameworks, identifying a meaning of actions, the satisfaction of producing one's own food, caring for resources (non-invasive agriculture). However, it's important to acknowledge that the emphasis on ethical and sustainable goods can also become a form of status symbol. For example, organic produce from local farms is often more expensive and less accessible than mass-produced alternatives, potentially limiting participation to those with greater financial resources.

> "Being urban dwellers for at least 3 generations, before we bought almost everything from the supermarket. Especially us, those who were children in the 90s and could afford to buy everything that appears new... phew... everything that appeared had to be tested. Now, almost everything we eat comes from the garden or from the neighbors. [...] We have educated ourselves in such a way as to eat well, but from short networks and to replace foods that are fashionable, let's say, like avocado, with a paste of rehydrated nuts, for example." (M.H.).

Food procurement relies primarily on household resources, bartering, and short production chains. For instance, R.V. provides approximately 70% of her household's food needs internally and supplements this through bartering or purchasing from the local market, such as buying oil from a neighboring producer, milling wheat for bread and pasta, and selling excess through her

networks. This approach, often involves extensive research into food production principles, reflects a commitment to ethical and sustainable consumption, aligning with the broader 'critical consumption' movement (Littler, 2008). This detailed understanding of food choices empowers individuals to regain control over their livelihoods amid ecological and economic uncertainty (Spaargaren, Mol, 2011).

The principles of the ethics of sufficiency go beyond the sphere of food, influencing choices related to clothing, housing, furniture, transport, and other aspects of daily life. The new peasants tend to prioritize the quality and durability of products, opting for items that can be repaired, reused, or recycled. Thus, products are purchased either from acquaintances (ex: a stroller can be used by 5-6 babies and remain functional), or from second-hand stores or fairs. They avoid excessive consumption and impulsive purchases, preferring to invest in durable and functional goods that meet their real needs. Regarding products made of organic materials or anything that comes under the label of "sustainable," most apply additional information filters, being very sensitive to green washing campaigns, but also to the resources involved in the manufacture of products (ex: skepticism towards solar panels, which even if they offer energy independence, involve high production costs, risk breaking down quickly, and there are no systems for recycling the materials). This reorientation reflects an implicit critique of the culture of conspicuous consumption (Veblen, 1899/2017) and a preference for a simpler and more responsible lifestyle (Alexander, 2011). Moreover, it can be interpreted as a form of "downshifting" (Duda, 2020), whereby individuals consciously choose to reduce the importance of paid work and consumption in favor of values such as free time, social relations, and personal development.

Prioritizing quality and durability in the acquisition of goods and services is facilitated by a strategic combination of financial and social resources - money and networks -, and the new peasants seem to have both. Even if current monetary incomes can be fluctuating, there is often a "secure foundation" given by the support of the extended family or by the possibility of returning to previous professional activities. This material security is doubled by a solid social and cultural capital, which allows them to navigate with confidence in their new life. Thus, in the case of many of the visited micro-farms, I observed the existence of networks where volunteering, loans, exchanges, and even joint purchases operate. Often, certain expensive goods (such as a trailer, for example) are used jointly by up to five households, thus optimizing the use of resources and reducing individual costs. This practice of sharing and cooperation reflects an ethos of reciprocity and solidarity (Mauss, 1966), which is fundamentally different from the individualistic logic of the market. Moreover, the importance of social

capital in facilitating access to resources and in overcoming the limitations imposed by reduced monetary incomes is highlighted. Therefore, social networks play a fundamental role in reconfiguring the lives of the new peasants and are pragmatic tools to ensure access to quality goods and services, in accordance with the principles of the ethics of sufficiency.

Community: Social Ecology and Networks of Interdependence

Networks of interdependence are essential for the new peasants, going beyond the strictly economic logic of the market. As we have seen, sharing resources and joint purchases are not simple saving strategies, but expressions of deep community values, even if the process itself is a niche one, at least for now. Such a mode of operation favors a gift economy, where mutual help and non-monetary exchanges take precedence, creating a solid social fabric and a strong sense of belonging to a community that is not necessarily defined by territorial boundaries, but rather symbolic ones. Relationships of trust and reciprocity are not just surrogates for the lack of money, but an active way of redefining social relations beyond the imperatives of the market. This reimagining of community hinges on shared values and reciprocal relationships, representing a departure from the individualistic, transactional relationships often associated with capitalist economies.

Moreover, the new peasants actively engage in collective initiatives, from the establishment of peasant markets and ecological education workshops to participation in campaigns for more equitable agricultural policies. These actions are not just pragmatic responses to local problems, but also ways to challenge the dominant model of development, based on industrialization, globalization, and excessive consumption. Through these initiatives, they build an alternative model of social organization, in which local autonomy, environmental protection, and social justice are central priorities. The capacity for self-organization and collective action of these networks and initiatives is remarkable, offering a viable alternative to the individualistic model promoted by the consumer society.

> "Our practices demonstrate that it is possible to live in a more sustainable and equitable way, emphasizing social relations and environmental protection, instead of the accumulation of capital and reckless consumption." (A.A.)[11]

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[11] A.A.: was a nurse and worked in the UK. After the birth of her first child, she returned to Romania and settled in Jd. Brașov in the countryside. Neither her parents nor her grandparents lived in the countryside. She is dedicated to raising and educating her children through homeschooling. Her family supports itself by selling products from their household.

Nevertheless, the field analysis suggests a more complex reality than emerges from the direct statements of the respondents. The outline of two distinct types of networks is observed: on the one hand, a horizontal network, created between individuals with a similar habitus (here we include the exchange of goods, bartering, sales, but also the interactions with volunteers). This "horizontal" network reflects a community of shared values and lifestyles, often transcending geographical boundaries but remaining largely within a specific socio-economic status. On the other hand, there is a network in the process of development, but still problematic, with the traditional rural community of which the new peasants are part through the lens of housing. This network, bridging social classes and pre-existing community structures, faces significant challenges.

The difficulty in establishing solid links with the traditional rural community partially explains why many new peasants prefer to resort to volunteers (often, people with similar visions, coming from the urban environment) rather than local resources, as I mentioned in the discussion about work. Even in the case of the profile fairs, seed exchanges, workshops or workshops they organize, the audience is formed rather by members of the urban middle-upper class than by traditional rural people. This tendency to create connections with like-minded individuals, while fostering a sense of belonging, can inadvertently create echo chambers and limit genuine integration within the existing rural social fabric. For instance, new peasants might organize a permaculture workshop, but the language used, the scheduling, and the assumed level of prior knowledge inadvertently exclude traditional farmers who have practical, generational expertise but lack formal education in sustainable agriculture. This can lead to resentment and a perception that the new peasants see themselves as superior.

> "For 3 years now, we've been organizing the "Seed Exchange" in our barn in February. We talk to the City Hall, we try to advertise through the channels available to us, including the Facebook group of the commune, but most of those who visit us are former collaborators, acquaintances, others who have similar initiatives to our own. The peasants come, but in small numbers, more out of curiosity, because something is happening in the village. ... And maybe they come to ask us for seedlings, but they are not very interested in the seeds themselves." (C.C.)

The distinction emphasizes the importance of analyzing not only the idealized dimension of the community, but also the concrete dynamics of social relations, influenced by factors such as social class, cultural capital, and visions of the world. Building solid bridges between the new peasants and traditional rural communities represents an important challenge for the future, which could contribute to a better integration and a greater sustainability of their initiatives.

L. one of the new peasants said: "*I think the neighbors still see us as odd. Just odd! Not in a good way, not in a bad way. They often say that they wouldn't do this or that if they were in our place. They think we're "city folks,*" and it will take time for us to truly integrate. Slowly, slowly, we're getting used to each other. We can already collaborate well and are good neighbors, but it will take more time until they perceive us as their equals and true friends." This quote poignantly illustrates the ongoing negotiation of identity and belonging that characterizes the new peasants' experience, highlighting the need for sustained effort and mutual understanding to overcome social and cultural barriers.

Applying a social ecology lens to this situation reveals that the challenges are not merely about individual attitudes, but about the underlying power structures and social inequalities that shape these interactions. For example, new peasants, often coming from positions of relative economic security and holding significant cultural capital (education, language skills, access to networks), may unintentionally exert a form of symbolic dominance over the traditional community. This can manifest in subtle ways, such as promoting certain agricultural practices as "superior" without acknowledging the historical knowledge and adaptations of local farmers. To foster a truly equitable social ecology, it is crucial to move beyond a top-down approach, where new peasants are seen as "bringing solutions" to the rural community, and instead prioritize collaborative learning and knowledge exchange.

Given these hurdles, the experiences of "new peasants" are not without disillusionment. The initial idealism often clashes with the realities of existing agricultural practices, bureaucratic hurdles, and the deeply ingrained socio-economic structures of rural communities (Dumitru et al., 2021). The desire for self-sufficiency can, at times, translate into self-exploitation, as individuals push themselves to exhaustion in their pursuit of an alternative lifestyle, blurring the lines between emancipation and a new form of labor discipline (Schmeltzer et al., 2022). Furthermore, the influx of "new peasants" can exacerbate existing inequalities, creating tensions with long-time residents who may perceive them as outsiders with privileged access to resources and knowledge (Ahlmeyer & Volgmann, 2023). This underscores the need for a critical examination of the power dynamics at play and a conscious effort to build bridges based on mutual respect and understanding, rather than a naive imposition of idealized visions (Woods, 2012).

At the same time, there are also examples of successful integration. In some cases, new peasants have actively sought to learn from traditional farmers, incorporating their knowledge of local crops, soil conditions, and weather patterns into their own practices. By valuing and respecting local knowledge, they have been able to build trust and establish reciprocal relationships. Another strategy involves creating inclusive spaces for dialogue and collaboration, such as

community gardens where both new and traditional peasants can share their experiences and learn from one another. These initiatives demonstrate the potential for bridging the gap between these two groups and building a more resilient and equitable rural community, based on mutual respect and shared goals.

Conclusion: Reimagining Rurality. Transformations, Tensions, and the Limits of Degrowth

"I was tired of chasing money and the stress at the office. I wanted to live a simpler life, to have more time for myself and for my family. Here we have all grown and eliminated everything that burdened us a lot in our previous life: we no longer chase money, we seek experiences and a fulfilling life. [...] In fact, we work more because if you want to have something to put on the table, you have to work, but we work differently, with our heads and we know that we are working for ourselves." (A.A.)

This research explored the rural subjectivities of the new peasants, analyzing how degrowth values materialize in their daily practices. The results indicate a reconfiguration of relationships with work, consumption, and community, reflected in the preference for local production and collective initiatives. For these new peasants, (re)growth is not simply about escaping the capitalist model, but about actively constructing a new reality grounded in ecological responsibility, social connection, and a deeply felt sense of purpose. Working in the garden, caring for animals, preserving food, or purchasing local products are not just instrumental activities, but means by which individuals recover an experience of meaning and immediate efficiency: a "visibilization" of the labor that contrasts with the ephemerality and abstraction of productivity characteristic of post-capitalist societies. This temporal recalibration, through the reduction of the pressure of imposed schedules and the recovery of autonomy over time, appears as a central component of the life that has "grown" (in the sense of authenticity and fulfillment). The desire for voluntary simplification and for reducing dependence on conventional economic structures is a distinctive feature of the degrowth approach, but at the same time the practices resonate with neoliberal ideology, of centering the individual on themselves. While the new peasants' values fundamentally oppose capitalist ideologies rooted in resource exploitation and overconsumption, their practices and beliefs prioritize cultivating an individual ecological equilibrium before extending to collective engagement, even within the communities they inhabit.

The analysis also highlights the limits of strictly applying the concept of degrowth, observing that these practices can coexist with forms of distinctive consumption and concerns for the accumulation of symbolic capital, accessible especially to a privileged segment of society. Also, the difficulty of fully integrating into traditional rural communities, highlighted by the distinction between horizontal and vertical networks, raises questions about the capacity of these initiatives to generate a profound and inclusive social transformation.

Applying social ecology frameworks, the study underscores tensions between newcomers' ideals and on-ground realities. New peasants' ecological commitments—local autonomy, environmental stewardship—clash with their inadvertent reproduction of power dynamics. For instance, recruiting urban volunteers over local collaborators fosters "echo chambers," exacerbating socio-cultural divides. Meanwhile, newcomers' symbolic capital (e.g., educational privilege, urban networks) risks perpetuating pre-existing inequalities, complicating their role as agents of equitable change.

These insights necessitate moving beyond degrowth and social ecology toward frameworks attuned to Romania's unique rurality. Post-socialist legacies, rural-urban migration, and structural inequities critically shape new peasants' capacity to build sustainable communities. Future research must prioritize symbolic power dynamics—how class, education, and urbanity influence rural social hierarchies—and interrogate whether these initiatives can transcend niche status.

The new peasant phenomenon, constrained by middle-class resources and individualistic ethos, highlights the need for systemic change beyond isolated experiments. While degrowth offers valuable lenses, equitable and ecological futures demand a synthesis with Romania's specific context and global inequality frameworks. The tensions this research reveals – between individual and collective action, newcomer ideals and local realities – are inherent challenges requiring a more nuanced understanding. Future research and policy interventions must prioritize these contradictions to foster genuine integration, address structural inequalities, and promote a collective, systemic approach to ecological transformation.

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CYCLING IN CLUJ-NAPOCA:
AN ACTOR-NETWORK ANALYSIS OF URBAN MOBILITY AND SPATIAL INEQUALITY

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ABSTRACT. This study explores the dynamics of alternative urban mobility, with a focus on cycling, in the context of Cluj-Napoca. Our analysis, anchored in actor-network theory (ANT) and critical sociological literature, examines bicycle infrastructure not only as a physical support but also as a materialization of power relations and processes of social (de)legitimization. Through semi-structured interviews with users and experts, we investigate how fragmentation, spatial inequality, and compliance with existing car legislation influence the experiences of urban cyclists. We identify how certain interventions, such as green-blue corridors, can contribute to the reconfiguration of urban space and the promotion of more equitable and sustainable mobility. The article contributes to a nuanced understanding of the role of bicycle infrastructure as a terrain for negotiation between human and non-human agents, norms, daily practices, and authority, revealing the complexity of the dynamics between space, power, and identity in contemporary urban societies.

Keywords: Actor-Network Theory, cycling infrastructure, green-blue corridors, spatial inequality, alternative mobility.

Introduction

Urban alternative mobility represents, in the context of contemporary cities, a strategic area of analysis located at the intersection of infrastructure policies, neoliberal urbanization processes, and everyday social practices.

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In Romania, intra-urban transport remains dominated by automobile use, a reality that contributes to chronic congestion, high pollution, and an infrastructure regime organized almost exclusively around motorized mobility. This urban organization produces a hierarchy between modes of transportation in which the bicycle, as a non-motorized alternative, is often marginalized both physically and symbolically (Cox, 2020). Moreover, urban planning centered on motorized mobility may reinforce, among others, existing social hierarchies, as the personal car becomes a necessity for fulfilling certain social needs and, at the same time, an essential element for social integration (Arellana et al., 2021). In the Romanian context, most (if not all) of the rapidly expanding urban centers adopt a car-centered vision of mobility.

The present study proposes a critical analysis of alternative mobility in Cluj-Napoca, focusing on everyday cycling as a means of transport. Although official data indicate a slow increase in cycling's modal share (PMUD, 2022), dedicated infrastructure remains fragmented, discontinuous, and often inadequate. This lack is not merely technical but reflects political and economic choices that shape differential access to the city. Accordingly, bicycle infrastructure is analyzed not only as physical support but as a materialization of social relations and as an expression of urban power.

The research is located within a critical sociological tradition that treats infrastructure not as a passive backdrop but as an active agent in the production of spatial and social inequalities (Graham & Marvin, 2001). Mobility is not neutral: it is regulated, distributed and sometimes restricted according to criteria such as economic status, gender, age, or territorial belonging. In the context of the neo-liberalization of cities, infrastructure becomes a form of spatial governance in which the logic of profit and motorized efficiency often prevails over social equity and ecological sustainability (Cresswell, 2010).

To understand how these mechanisms operate in Cluj, the study adopts a relational approach to mobility, emphasizing bicycle infrastructure through an actor-network lens (Actor-Network Theory – ANT). From this perspective, bicycle lanes are treated as networks that go beyond inert physical supports: they are actants whose capacities emerge in interaction with human and non-human agents (Latour, 2005; Law, 2009). Cyclists are not mere passive users but actors who negotiate relations with infrastructure, other traffic participants, institutional norms, and the city's geography. Methodologically, ANT guides the tracing of connections among actors and actants (e.g., lanes, signs, intersections, municipal plans) and the identification of moments when networks are assembled, contested, or reconfigured in practice.

Specifically, the study analyzes the network of bicycle lanes and the institutional framework shaping them, beginning from the Sustainable Urban Mobility Plan of Cluj-Napoca (PMUD 2021–2030). This strategic document reveals the municipal imaginary for alternative mobility but also the persistent hierarchies among mobility forms. Although PMUD mentions objectives for expanding bicycle infrastructure, mobility evaluation is still dominated by motorized traffic indicators (e.g., level of service), while social dimensions such as accessibility, inclusion, and equitable distribution remain secondary (Litman, 2015; Koglin, 2020). Inspired by Lefebvre's (1991) concept of the right to the city and Soja's (2010) spatial justice framework, we argue that the absence of coherent bicycle infrastructure constitutes a form of structural exclusion: cycling becomes an adaptive practice—sometimes invisible, sometimes dangerous—situated at the margins of the dominant mobility system.

To explore these dynamics, the research uses qualitative methods: semi-structured interviews, on-site observation at key routes and document analysis of the municipal planning documents. Finally, the study considers the potential of green-blue corridors as a contextually grounded proposal for more equitable and sustainable urban mobility. Overall, the paper aims to show how bicycle infrastructure in Cluj-Napoca is built, experienced, and contested, and to discuss policy and planning implications for expanding inclusive alternative mobility.

Theoretical Framework

Velo Infrastructure: Facilitation or Segregation?

The development of velo infrastructure in Europe cannot be understood outside the structural transformations that have shaped modern urban mobility. These include, among others: the takeover by the state of the power of decision on urban planning, which brought modifications on the vision of mobility alongside with changes at the level of policies, or the weakening of the voice of cycling organizations that were being thus replaced by the expertise of civil engineers or urban planners (Bonham & Cox, 2010). Initially a symbol of urban elites and recreational activities, the bicycle was not mainly used for mobility, but, with the democratization of production at the beginning of the XX century, it gradually became a means of transport accessible to the large population. Then, in the interwar period, urban cycling began to be perceived as a specific practice of the working class (Oldenziel, 2011), as a fairly wide proportion of the proletariat in Western countries was using the bicycle for commuting.

This happened in a context in which the automobile was gaining the prestige of a marker of modernity and technological progress (Urry, 2004; Cox, 2020). Paradoxically, although cyclists contributed financially to the maintenance of roads (through taxes), as was the case at that time in the bike-friendly Netherlands (Ebert, 2012), urban planning decisions increasingly favored motorized transport. This fact reflects not only a technocratic preference for speed and efficiency in a certain moment when bicycle use was gaining momentum, but also the formation of a symbolic power relationship between forms of mobility (Bourdieu, 1989; Freund & Martin, 1993).

Infrastructure planning has become, in this context, an instrument of segregation for alternative mobility. As Mattioli et al. (2020) argue, the development of infrastructure for cars is not carried out in a simple neutral framework, but represents a politically charged process, which also depends on a series of pro-motorization policies. Also, the reinforcement of certain existing social hierarchies can happen due to the special focus on urban projects intended for automobiles. For example, the car can become a necessity to satisfy certain social needs, in the absence of accessibility or presence of other means of transport (Mattioli et al, 2020). The evolution of the creation of bicycle lanes, far from representing a space of emancipation, has often been conceived as a solution to "discipline" cyclists, considered to be disruptors of car traffic. This vision has been present even in states considered today as being "friendly" to bicycles, such as the Netherlands or Germany, where velo infrastructure was thought of as a compromise imposed to protect motorized traffic flows (Oldenziel, 2011; Mom, 2015).

Sociologically, these processes can be read as part of a fight for urban space, in which non-motorized mobility is often placed in a subordinate position. As Schindler and Kish (2015) note, infrastructure planning reflects political-industrial alliances and normative visions about "legitimate mobility". Thus, the appearance of bicycle lanes should not be interpreted exclusively as a technical progress, but also as the result of a historical process of reconfiguration of class relations, of symbolic control of space and of redefining the legitimate actors of the city.

At the same time, the remodeling of the organization of space, which has created, among other things, a concise vision of the specific way in which mobility (and especially the alternative) should look like, together with the integration of infrastructure projects in governmental decisions and the change of focus of transport policies have generated a unique framework of interactions for bicycle users to be present. Cyclists' capacity of action can only be actively rendered in a continuous web of unequal interactions with the mentioned agents.

Symbolic and Political Dimensions of Urban Cycling

Space and time are conventionally perceived as fixed, objective and external dimensions. Although usually seen as immutable dimensions, they can be altered through direct social action (Harvey, 1990). Within the framework of critical sociological theories, these dimensions are understood as socially constructed products maintained through power relations, institutional practices and symbolic mechanisms (Lefebvre, 1991; Massey, 2005). In this regard, the assignment of certain spaces for activities such as urban cycling does not represent a purely technical act, but a profoundly political one, which confers legitimacy to certain social categories and excludes others from the sphere of urban mobility (Tonkiss, 2005; Sheller & Urry, 2000).

Space is also symbolically constructed. Through meaning assignment to different areas and territories, space is also socially delimited, and boundaries are being formed. From the perspective of Bourdieu's theory, space, as symbolically structured, functions like a field of struggle for recognition. The symbolic capital held by social actors varies depending on their position in the social field and, in the case of urban mobility, determines, indirectly, what type of mobility is valued and what forms of circulation are marginalized (Bourdieu, 1989; Crossley, 2001). Thus, velo infrastructure becomes an indicator of urban symbolic order: its absence reflects a peripheral positioning of bicycle users in the hierarchy of mobility. Infrastructure functions not only as a physical device, but also as a system of meanings that institutes and legitimizes a regime of visibility and invisibility (Cox, 2020).

Moreover, urban cycling also carries a variable symbolic weight: it can represent both a counter-hegemonic practice - a form of resistance to the dominance of the automobile and an ecological affirmation of urban identity -, as well as a mark of marginalization of the working class, depending on the local context (Horton et al., 2007; Spinney, 2010; Sarrica et al., 2019). Social representations of cycling integrate cognitive, affective and sensory dimensions that reflect the daily relationship with urban space and the way in which it is experienced bodily and symbolically (Sarrica et al., 2019; Sheller, 2004).

Neoliberal urbanism, despite its comprehensive and ecological discourse, often continues to reinforce structural hierarchies. Urban space planning and the allocation of resources for transport infrastructure reflect power relations, in which the automobile is consolidated as a privileged actor, and the bicycle remains a residual user of public space (Mattioli et al., 2020; Cresswell, 2010). Velo infrastructure is, mainly, built on remainder public space of cities, left after the prioritization of motorized traffic. Such a way of integrating the bicycle reveals not

only technical choices, but also a symbolic order that devalues alternative mobility practices and contributes to the "domestication" of the urban cyclist (Oldenziel, 2011).

In this context, the notion of bikespace, proposed by Peter Cox (2019), is relevant for understanding how the space for cyclists is constituted not only infrastructure-wise, but also symbolically and community-wise. Collective practices such as Critical Mass marches, cycling parades function as forms of reclaiming visibility and offering a new signification to urban space (Cox, 2020; Spinney, 2009). These actions outline a collective identity and express an implicit critique of the motorized hegemony, transforming infrastructure into a symbolic terrain of contestation and affirmation.

Thus, the symbolic dimension of urban cycling cannot be dissociated from infrastructure policies and the regimes of visibility established in urban space. The lack of adequate velo infrastructure is not just a practical obstacle, but a form of symbolic exclusion, which affects the agency, social recognition and the right to the city of bicycle users. Cycling thus becomes a terrain of analysis for understanding the dynamics between space, power and identity in contemporary urban space.

Current Situation of Urban Alternative Mobility in Romania

The absence of a more consistent tradition regarding the use of the bicycle, as well as the lack of a coherent associative structure to represent the interests of cyclists, can be identified as factors that contributed to the low level of social legitimacy of cycling as a means of daily transport on Romanian territory. Urban development, especially in the large centers undergoing continuous expansion, tends to neglect alternative mobility solutions. Thus, the context of urban mobility in the country is characterized by very difficult conditions for alternative means of transport, especially the bicycle. For example, in Bucharest, the capital city of Romania, a metropolis that has reached approximately 2.5 million resident inhabitants (Tempo Online, n.d.), both walking and cycling seem to be administratively placed in inferior positions. The main projects dedicated to alternative mobility appear as unimplemented or partially implemented in the urban plans. For walking, the main impediments are represented by the undersizing of sidewalks or the transformation of pedestrian space into informal parking. This reality, unfortunately, is encountered especially in newly built residential areas, but also in some central areas. The lack of pedestrian connectivity is accompanied, as well, with an extensive fragmentation of the network of bicycle lanes. Inside the municipality, except the small number of km of

marked lanes (60 km), a small percentage of the total is legally homologated (24%) (Planul de mobilitate urbană durabilă pentru regiunea Bucureşti – Ilfov, 2024)[3].

In Timişoara, one of the rapidly expanding western urban centers in the last decade, despite the efforts to increase the practicability of walking in central areas, the same problems as in Bucharest are encountered in residential areas. Furthermore, according to the survey mentioned in the city's Sustainable Mobility Plan for the next 15 years, only 1.1% of journeys in the city are by bicycle (Banca Europeană pentru Reconstrucţie şi Dezvoltare, n.d)[4].

In Romania, bicycle and other non-motorized means of transport have a low rate of intra-urban adoption, being considered mostly unconventional means of transportation, although they may be efficient in urban centers. Unlike Western Europe, there is ambivalence in institutional discourses regarding the role of the bicycle, and users are often seen as obstacles in motorized traffic. Limited administrative involvement in urban reorganization to encourage alternative mobility maintains insufficient infrastructure for cycling and pedestrians, with an emphasis on motorized transport, which leads to unsafe interactions between cyclists and motorized traffic.

Cluj-Napoca Urban Mobility Plan and Dimensions of Velo Mobility

This section focuses on the components related to bicycle mobility within the framework of the Sustainable Urban Mobility Plan 2021-2030 [5] of the municipality of Cluj-Napoca. The main purpose is to offer a synthetic perspective on the current status of bicycle use in the city and to identify the strategic directions assumed by local authorities in order to develop infrastructure for alternative mobility. At the same time, certain dimensions of the plan are critically analyzed, from the theoretical standpoint of writings pertaining to the field of sociology and urban planning, in order to highlight any gaps or inconsistencies between the declared objectives and the structural realities.

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[3] Planul de Mobilitate Urbană Durabilă Regiunea Bucureşti-Ilfov actualizat PMUD 2.0, https://doc.pmb.ro/servicii/transporturi_drumuri/docs/planul_de_mobilitate_durabila_2016-2030_rev7.pdf

[4] Banca Europeană pentru Reconstrucţie şi Dezvoltare, https://sumps-up.eu/fileadmin/templates/sumps-up/lib/sumps-up_registry/_utility/tools/push_resource_file.php?uid=ad4e1e69

[5] Planul de Mobilitate Urbană Durabilă Cluj-Napoca 2021-2030, https://www.clujmet.ro/wp-content/uploads/2022/01/PMUD_Cluj-Napoca_Draft-final.pdf

PMUD is aligned with the targets of the "European Green Deal"[6]. This aims to modernize transport, reduce carbon emissions and encourage alternative mobility, through objectives such as creating climate-neutral cities, collective transport without emissions and automating mobility. PMUD Cluj-Napoca explicitly points toward reducing dependence on personal motorized vehicles by promoting bicycles, walking and public transport, with an emphasis on improving air quality, public health and protecting resources (PMUD, 2022).

The said analysis of PMUD highlights that, at the time of its elaboration (January 2022), there were 35 km of cycling lanes. However, they were mostly concentrated in the central area, notable fragmentation being the norm. The lack of continuity of the network affects densely populated neighborhoods, some located in the hilly area, and correlates with deficiencies in pedestrian infrastructure, indicating a disproportionate allocation of urban space in favor of motorized transport. The "walk score"[7] indicator also confirms this trend, reflecting low pedestrian accessibility in neighborhoods such as Gruia (66/100) and Mănăștur (70/100). Also, such areas are almost inaccessible for cyclists as infrastructure is practically non-existent (PMUD, 2022). The distribution of lanes thus reveals not only a lack of spatial fairness, but also a hierarchy of means of transport, where the car dominates. Urban space is thus modeled through symbolic meanings and social practices that naturalize certain behaviors and implicitly consolidate car transport as a norm (Koglin, 2020).

This structural situation perpetuates an accentuated dependence on personal car for daily trips as there is an absence of more prominent pedestrian and bicycle facilities. Data from PMUD 2021-2030 confirm this dependence, only about 8% of trips are made by bicycle (and rather for recreational purposes), and 15% by walking. At the same time, 77% of trips are made by motorized means. (PMUD, 2022, pp. 160-162).

PMUD recognizes the fragmentation of bicycle infrastructure as an obstacle to alternative mobility and proposes a unitary network. Nevertheless, such a way of focusing on increasing the quantitative distances of the lanes might, at the same time, omit qualitative and social aspects of existing and developing infrastructure. This might happen due to the emphasis on numerical indicators, as those present in urban plans (Koglin, 2020). The evaluation of infrastructure

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[6] European Green Deal, https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/european-green-deal_en

[7] This indicator measures pedestrian accessibility based on nearby facilities and how friendly are the streets with walking on-foot (cove.tool, 2024).

is based on, for example, the "level of service" (LOS)[8]. This approach retains the same car-centric perspective of infrastructure assessment, having origins in the reconfiguration of urban space for car traffic. In addition, the efficiency of bicycle infrastructure in the central area is limited by the lack of connections with the peripheral neighborhoods. Such an analysis model for infrastructure, based on fixed measurements, cannot adequately reflect the social diversity (gender, age, force needed for pedaling, etc.) of the specificity of "soft" means of transport (Ibid., 2020).

This critical analysis suggests that, although PMUD Cluj-Napoca proposes to promote sustainable mobility, its effective implementation requires a reconceptualization of urban space and a more nuanced approach to infrastructure assessment, which goes beyond quantitative indicators and integrates the social, symbolic and experiential dimensions of mobility.

Green-Blue Corridors: An Integrated Solution for Mobility and Environment

The critical analysis of PMUD 2021–2030 of the municipality of Cluj-Napoca reveals, beyond the aspects related to bicycle infrastructure, significant opportunities for integrating nature-based solutions (NbS). Alignment with the European Green Pact implies, in addition to modernizing transport and reducing emissions, specific measures to improve air quality, public health and protect natural resources. These objectives can be achieved through the development of green infrastructure, especially green-blue corridors.

Green-blue corridors, arranged along watercourses, represent a complex urban solution, with multiple implications for climate resilience and environmental quality. These contribute not only to the conservation of ecosystems, but also to reducing the negative impact of urbanization on the physical environment, by reconfiguring urban space in favor of continuous ecological structures, increasing the capacity of cities to cope with climate challenges. At the European level, extreme variations in urban temperature are identified as a major risk, and green-blue corridors can mitigate these effects through natural ventilation and microclimatic regulation (European Environment Agency, 2024).

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[8] The Level of Service of roads is a measure for the quality of some functioning conditions: speed, time of ride, maneuverability, traffic congestion, comfort and convenience. LOS has a hierarchy depending on the operational characteristics mentioned above. It is destined usually for motorized traffic assessment. Safety is not a factor that is measured within this indicator (ISARSOFT, 2024).

Beyond the physical-climatic benefits, green infrastructure plays an important role in reducing urban inequalities, especially those related to accessibility and mobility. Green networks can improve social differences generated by spatial positioning, status, gender or ethnicity, becoming instruments of climate adaptation and vectors of urban equity (Dohotaru et al., 2024).

From the perspective of climate justice, the global agenda for sustainable cities aims at universal access to urban nature, with attention to disadvantaged categories (European Environment Agency, 2024). Densely populated cities, with extensive road infrastructure, generate inequalities in accessibility, and green infrastructure can contribute to the redistribution of symbolic and material access (Dohotaru et al., 2024). By integrating bicycle lanes and pedestrian routes into networks of green spaces, opportunities can be created for alternative mobility for those who do not own cars or live in areas poorly served by public transport.

Studies of urban ecology have highlighted "ecological racism" and "green segregation", showing that access to nature is not universal, but shaped politically and historically (Liotta et al., 2020, 47–49). Integrating green infrastructure can balance symbolic, functional and material aspects, avoiding gentrification, through democratic policies that protect the right of vulnerable groups to remain in urban space. Alternative mobility becomes a form of democratization of access to the city (Arellana et al., 2021).

In conclusion, green infrastructure is not just an ecological solution, but also a potential instrument for social rebalancing. The essential condition for this to produce democratic effects is that the principles of universality and equity are integrated from the planning and implementation phase. In the absence of such anchoring, the risk that green infrastructure will become a new vector of exclusion, instead of inclusion, remains high.

Research Methodology

The ontology and epistemology of Actor-Network Theory

The type of alternative mobility studied in this paper, observed as a performative act, focuses, in practical terms, on the use of the bicycle as a means of transportation. As detailed in the previous chapter, this phenomenon, from the point of view of its historical evolution, has produced several specific notions about cyclists. These have generated, due to the incorporation of the act of mobility into a set of relations with other agents, a symbolic dimension, loaded with social significance. Due to its existence in a state of relationship with (1) the

infrastructure (that has been in continuous remodeling), (2) the political decisions (that set the tone for expert-based decisions), (3) the social reorganization of urban space and (4) a much higher number of vehicles due to pro-motorization policies, the act of mobility has been affected as such by above mentioned agents.

In order to understand how alternative mobility has been related (although to its detriment) to the rest of the agents involved and in what way its conditions of existence have been shaped - from an ontological and epistemological point of view - this study adopts the assumptions generated by Actor-Network Theory (ANT). One of the main ontological pillars of ANT is based on the idea that materiality is generated by relationship between agents. This principle refers to the fact that it is precisely the links that are actively present between agents that determine their materiality (Law & Singleton, 2014). By weakening the boundary of distinction between what is considered human and non-human, the mentioned theory proposes the extension of the universe of inquiry also to things (objects). Thus, both human and non-human agents, that create a broad web of relationships, being considered active agents, are brought into the scene (Bencherki, 2017; Dolwick, 2009). The relational character of social reality, which also confers its materiality, at the same time, is based on an unceasing performativity (Law & Singleton, 2014). Transposed into the understanding of the reality of alternative mobility through cycling, this ontology would presuppose not only taking into account all the human and non-human agents with whom connections are created, but also how these interactions have generated a specific scenery for the unfolding of the act (Mol, 1999). The reality of mobility today is constituted differently from that of another moment in the past, but it is created through webs of interaction, in the terms of Actor-Network Toery. Also, according to ANT, attention must be paid to the political character of the heterogeneity of interactions (Ibid., 1999). Thus, as stipulated in the previous chapter, the links created with certain agents have a political valence.

Due to the heterogeneous nature of the links, ANT develops its argument that the connections established between agents are not limited only to relations between human entities. Thus, non-human elements can also be brought into the discussion, which can exercise the capacity of action, not necessarily in terms of intention or purpose, but through relating with one another. In this context, the intricacies of these connections become relevant (Dolwick, 2009). Of course, when symmetry between different human and non-human agents is emphasized, it does not refer exclusively to people and objects. Mol (1999) or Law and Singleton (2014) argue that, in accordance with the ontology proposed

by ANT, the connections between agents and politics must also be taken into account, as well as the practices that result from their institutional dimension or from the legislative framework relevant to them.

The vision of the world that the theory proposes may not necessarily be compatible with an interpretive methodology, as this study uses for empirical data collection. But, anyway, Actor-Network Theory's utility is as a toolkit for reality description, rather than as an instrument used for explaining it. The mentioned drawback is due to the fluid nature of the reality proposed by ANT: the links between agents are constantly redefined, and their characteristics vary depending on the new elements in the network and the connections that are established. Moreover, from the perspective of ANT, the lack of a single agent from the network would have meant a completely different historical course for alternative mobility. Therefore, the emphasis is laid upon the formed network, not necessarily on agents' specific actions. Through its epistemology, it thus proposes a new way of describing the reality that is in a continuous state of transformation, and it does not intend to interpret an existing world a priori consolidated (Cordella & Shaikh, 2006). However, the main purpose of this study is to go beyond a descriptive level. The interactions between the different agents mentioned create the framework, the conditions of possibility in which the agents involved in the act of mobility carry out their actions. By using an interpretive methodology, the way in which the collective imagination of urban cyclists is shaped in the context of the complex network of relations in which they are embedded can be understood.

Moreover, ANT can prove to be deficient when it comes to identifying social inequities that are generated by social relations of power. Although, for its followers, the very heterogeneous nature of relations and the capacity of networks to configure themselves between human and non-human agents bring the possibility of exploring the asymmetries that produce inequality or domination, social inequity per se does not represent a central interest. ANT is an important toolkit for describing differences in the capacity of actions (what produces and inequity), but does not propose an ontology that bases its starting point on inequality (Holifield, 2009).

What did we aim for with this research?

Using this perspective that proposes a hybrid environment, this study aims to understand how human agents - cyclists - perceive and integrate into a network. This goal can be achieved by identifying non-human agents with whom

they interact both directly and indirectly (infrastructure, motorized traffic, legislative framework, local policies, etc.) and how these interactions influence and initiate actions.

In addition to understanding the interactions between the two categories of agents, it is important to determine if and how cyclists have the ability to actively negotiate the relationship with non-human elements. Thus, the interpretative methodology is used to offer a subjective perspective on how cyclists perceive and act within this network.

The dimension of symbolic allocation of space must be understood, at the same time, from the perspective of cyclists, being the main creator of inequalities in urban spatial distribution. Possible directions of development of infrastructure through urban nature must be viewed from the perspective of cyclists, following what would be the relations created with other new non-human agents. At the same time, such an interaction would bring new actors on the scene, which would lead to new relations.

The network that is formed between agents and in which they are integrated is constituted outside of them, being in a continuous remodeling due to the interactions and their specificity. Due to ANT and using its assumptions, the study can identify and describe the links between agents. But relying on the comprehension-based goals mentioned above, from an epistemological point of view, the study appeals to a qualitative methodology. The broad web of links, thus, can be described, from the outside, due to the identification of a part of the totality of elements of the heterogeneous ensemble in which the agents are integrated (especially the human ones), but, at the same time, the specificity of the interactions that determine certain characteristics of the actions of cyclists can be understood. Therefore, the study will also focus on understanding the subjective reality of those who use the bicycle as a means of transport, as active agents.

Through semi-structured interviews, several research dimensions are followed: (1) Cyclists and non-human agents with whom they interact, (2) the inequality of interactions considering cyclists and infrastructure, car traffic and other non-human agents, (3) cyclists own self-perception as part of a network, (4) the treatment of transport in numbers (rationalization of transport) and (5) alternative transport through green infrastructure. Other complementary dimensions were introduced in the interview guide later, due to discussions with respondents that generated new adjacent directions of exploration in relation to the central theme of the research. The preference for using the mentioned ontological and epistemological assumptions, as well as the chosen methodological

framework, cannot lead to generalizable results. Thus, those assumptions used to study reality are exclusive to the situation of the study in the case of urban cyclists in the city of Cluj-Napoca.

Discussion: Analysis of processes and dynamics in urban bicycle mobility in Cluj-Napoca

The gathering of qualitative data was carried out through semi-structured interviews with ten respondents: seven regular users of the bicycle as a means of daily transport and three experts in the fields of urban mobility, sustainability and spatial planning. The interviews aimed to follow the dimensions of the interview guide. Certain relevant aspects (from the point of view of the object of the research), which add value to the guide, were explored. They have gradually been unveiled. From the first discussion, the legislative dimension (which, together with the existing infrastructure, and based on it, proposes a specific framework for the unfolding of interactions between agents) represented a direction of research omitted from the dimensions of the interview. It was (only) explored. Very pertinent for relating to infrastructure, traffic and other non-human agents are the personal history of bicycle use, the degree of use and the incidence of certain unpleasant events. Finding out this information set the scene for the later discussion. At the same time, referring to scenarios or concrete locations in the city of Cluj-Napoca represented a more efficient and practical way to obtain the desired results. The differences in reporting to the previously mentioned ones between respondents, but also between respondents and interviewer, could be subjected to comparisons. The results are presented below.

The fragmentation of infrastructure and uneven spatial distribution

All respondents confessed that motorized vehicles can create unpleasant interactions for cyclists, in the absence of a continuous network of infrastructure. Although motorized vehicles are not perceived intrinsically as hostile, the infrastructure dedicated to them dominates the urban landscape and often forces bicycle users to cross dangerous sections of roadway, in the absence of continuous and protected routes. The situations in which the lanes end abruptly, without coherent connections to other important routes, are perceived as expressions of a fragmented planning, which discourages alternative mobility.

Respondents frequently describe situations in which the infrastructure, although apparently existing, does not ensure real protection: lanes placed on already narrow sidewalks, lane markings that intersect with pedestrian routes or unofficially transformed into car parking. Moreover, some certain lanes dedicated to public transport are also intended for cyclist use (for example, one-way bus lane, found on boulevard Memorandumului, in the city center). This type of delimitation dedicated to alternative means of transportation can (although not intended) generate unpleasant interactions. Although it may be just because of a specific organization of the city of Cluj-Napoca. One of the respondents remarks about it:

> I was on the bus lane (...), where there is also the sign for bicycles circulation (...) and there was a parked car that opened the door in front of me. The driver told me that this way is only for the bus, it is not for cyclists. (V.S., Secretary of a public institution)

These shortcomings are not just technical dysfunctions, but signal a lack of institutional prioritization of bicycle mobility. The same previous respondent remarked: "(...) you are not seen as in other places where transport by bicycle is considered the same as public transport, which could ease traffic." (Ibid.). Therefore, in the opinion of users, the existing infrastructure functions more as a symbolic compromise than as a practical solution for sustainable mobility.

Redefining the space of certain arteries, which create important connections for the functional context of the city, could play an important role in facilitating mobility. For example, certain roads that are often marked by congestion are also physically very narrow (ex. Clinicilor Street, alternative to the main boulevard on the principal axis of the city). At the same time, those alternatives also become highly congested. The example mentioned above, through a rethinking of spatial organization, could encourage alternative mobility (both by bicycle and on foot). The expert in the field of sustainability remarks, referring to the situation presented: *"(...) a solution here would be to remove the cars parked on Clinicilor Street and cyclists could continue next to the cars (...)"*. This remark could only be concretized in this way by eliminating the paid parking on the mentioned street. Along with this, right now there are two auto traffic lanes.

Another respondent (R.G., professor) remarks: *"(...) the design there is clear, to favor auto traffic"*, this referring to a lane on the sidewalk, on Moților Street. This portion of infrastructure finds its sudden end before the street mentioned above (Clinicilor), thus becoming only a demarcated space, on the sidewalk, on a very short distance for cyclists. Moreover, the lane designated above is

classified as *"parking for cars"* by several interviewees who practice routes on the west-east axis of the city (being also the most used by cyclists, among others also due to the relief).

Possible local causes for the poor development of infrastructure connectivity

Even if bicycle lanes are present in the city, they are characterized by having *"only a symbolic role, but they have no functional role"* (A.D., sustainability expert). It is remarked, especially from the perspective of specialists, a vicious circle in which the political dimension of building bicycle lanes is also involved*: "local authorities do not intervene because they see no cyclists, and cyclists are not on roads because there is no infrastructure" (*T.M., mobility expert). The latter interviewee remarked especially that: *"the local administration should break this vicious circle"* (Ibid.).

In connection with the executive component of the decisions to build lanes, another important aspect, which highlights certain reasons that can prevent or hinder the efficient implementation of urban plans, is related to: *"people from the administration (...) do not ride bicycles. (...) you cannot design a lane well without being a user"* (T.M., mobility expert). Moreover, when the focus is shifted from the local administrative level to the central level, it is remarked that:

> At the central level, governmental, a master plan that dictates the entire coordination of infrastructure development is missing, thus, the decisions are taken at the level of public administration, locally. (Ibid.)

Decisions at the local level can be characterized by certain shortcomings in the absence of a central plan, which dictates certain universal design norms, independently of the specific conditions of cities and locations. The planning of urban infrastructure focused on the dominant means of transport, i.e. the automobile, may be due to the lack of expertise of urban planners in developing alternative infrastructure:

> Practically we have created road builders, who only made roads for cars, urban planners who only made cities for cars and there have been 40 years of such urban planning. (M.M., expert in urban revitalization/urban planner)

A common pattern in all interviews with experts is the mention of the local decision-making power in the construction of lanes, when the political dimension was brought into discussion.

The development of infrastructure would certainly increase the number of bicycle users, all respondents support this fact. The rehabilitation of roads (which also brings together the development of bicycle lanes), although useful, may perpetuate fragmentation. For example, the rehabilitation of a former industrial platform through the restoration of a park and the construction of a bridge over the river has brought improvements to infrastructure, but only at the micro level. Its connectivity with the central agro-food market (Piața Mihai Viteazu) or the street (from proximity) that connects the train station to the center is non-existent. One of the respondents mentions the rehabilitation of the respective area as a result of real estate developments (and improving the image of the city with this): *"(...) the well-lit bridge, accompanied by bike lanes, was rebuilt near the new tall flat buildings that are being built nearby"* (O. M., teaching staff).

A higher number of cyclists along with the rest of vehicles, an option for calming traffic?

Although the present bicycle lanes of the city are rather characterized by respondents as *"indivisible"*, they have attracted users, especially in recent years. Both one of the experts, and several of the interviewees have remarked the higher presence of bicycle users in the city. Some of them, based on these observations, have mentioned the connection between the increase in the number of users and a (slight) tempering of traffic. Due to some issues that are not necessarily social, such as geography or meteorological factors, in the city of Cluj-Napoca the implementation of a unitary network of lanes could encounter some obstructions. However, the majority of respondents have stated that it is not necessarily lanes delimited by markings, but also portions of roads that highlight in a more serious way the presence of cyclists could be an efficient solution. The respondents have found this solution also as a possibility to encourage the calming of traffic in certain areas of the city. In this sense, cyclists do not exclusively request dedicated spaces, but rather the visible and systematic recognition of their presence in the existing infrastructure, through measures such as reducing auto speed, reconfiguring traffic lanes or integrating clear markings, which can lead to a more equitable cohabitation between different forms of mobility. This perspective highlights a dynamic relationship between human and non-human agents (technical infrastructures), in which bicycle lanes are not just physical spaces, but actors themselves in the networks of

urban mobility (Latour, 2005). Thus, what is often perceived as a simple road delimitation becomes an interface for negotiation between norms, daily practices and institutionalized forms of authority in urban space.

Compliance of cyclists with existing auto legislation

According to the provisions of the current vehicule legislation [9] in Romania, in the absence of a dedicated infrastructure, cyclists are obliged to circulate on the roadway, thus being integrated, at least theoretically, in the general flow of motorized traffic. However, empirical data indicate that this formal integration does not correspond to the realities experienced by bicycle users. All the respondents interviewed signal the fact that in the so-called "gray areas" – i.e., those portions of the city in which the bicycle infrastructure is completely missing or is fragmented and inconsistent - the circulation of cyclists is significantly hindered. Moreover, these spaces often become places of increased risk, since the legislation does not offer a clear protection for vulnerable road users.

A frequently mentioned example in interviews is that of the segment on Calea Dorobanților - a semi-central artery, with one-way traffic and 4 lanes of car traffic, but with a bicycle lane located on the sidewalk. Following the rehabilitation of the sidewalk and the updating of the markings related to the bike lane, the configuration of the space dedicated to cyclists has changed, determining them to be obliged to give way to vehicles at intersections, including in areas where the continuity of the bicycle route would logically imply cyclice and pedestrian prioritization. Paradoxically, even before this administrative intervention, in the absence of explicit signaling, cyclists affirmed that they often felt constrained to give way to motorized traffic. This situation reveals a structural problem: not only does the current legislation create ambiguities, but the infrastructure, in its material form, contributes to the consolidation of asymmetrical power relations between the modes of mobility.

From a sociological perspective, such spaces of juridico-infrastructural uncertainty can be analyzed as unstable nodes in the network of urban actors, where the cyclist, as a human actant, is placed in a vulnerable position in relation to other traffic participants and to the technical infrastructure itself. In actor-network terms (Law, 2009), road infrastructure and signaling systems do not function as simple physical supports, but act as regulatory agents, mediating

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[9] Codul Rutier Român, https://www.drpciv-romania.ro/Code/Applications/web/index.cgi?action=codulrutier

interactions and reconfiguring spatial hierarchies. Infrastructural discontinuities, combined with ambiguous regulation, thus generate a fragmented urban space, in which cyclists are constrained to navigate a network of daily risks, often unnoticed by planning authorities. These microdynamics of mobility indicate the limits of a purely technocratic approach to infrastructure, suggesting the need for a reconceptualization that includes the social, symbolic and relational dimensions of urban mobility (Cox, 2020).

Constraints for Drivers, Accompanied by Alternatives for Mobility

Imposing taxes on the use of personal vehicles inside the city is perceived, by the majority of respondents, as a legitimate and necessary measure for streamlining urban mobility. This appears not only as an economic constraint, but as an instrument for rebalancing the spatial relationship between different modes of transport. The car, say some interviewees, occupies a volume of space much higher than the bicycle, which accentuates mobility inefficiencies in the urban context. However, local policies regarding car parking do not seem to truly discourage their use. For example, in Cluj neighborhoods, the cost of an annual subscription for a parking space for residents (people living in the city for medium to long peiod of time) is 156 lei[10] in parking lots built by the municipality and 89 lei[11] in the rest of the designated spaces. At the same time, parking for bicycles is priced at 71 lei[12] per year. The relatively small difference between these costs, corroborated with the symbolic status and convenience associated with personal vehicles, contributes to maintaining the car as the dominant mode of mobility. Thus, despite declared intentions to reorient towards sustainable mobility, the framework of local public policies continues to favor, at least indirectly, the use of automobiles.

This dynamic also highlights an important limitation of how alternative infrastructure is evaluated and planned: the excessive emphasis on quantitative indicators, such as the *"level of service"*. According to some respondents, such metrics can mask essential aspects regarding the quality, usability or continuity of bicycle infrastructure. An example invoked is that of a lane on a connecting bridge (Bucium), between two very populated neighborhoods (Mănăștur and Grigorescu), built on the north-south axis. This crosses the main artery (Calea

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[10] Primăria Cluj-Napoca, Parkinguri, https://primariaclujnapoca.ro/parcari/parkinguri/

[11] Primăria Cluj-Napoca, Parcări, https://primariaclujnapoca.ro/parcari/abonamente-locuri-de-parcare/

[12] Primăria Cluj-Napoca, Parcări, https://primariaclujnapoca.ro/parcari/biciclete/

Floreşti) that ensures entry and exit from the city at the western end. The utility for cars of this bridge is significant. Even if the short portion of lane on this segment is classified, from the point of view of the level of service, in a medium category, one of the interviewees expressed doubt about the real degree of use: *"I'm curious how many use it."* (R.G., professor). The question raises the problem of the validity of these quantitative indicators in relation to effective use and with the subjective experiences of users.

Technical Treatment of Infrastructure

Another example, a lane on a main street (Bună Ziua Street), in a modern residential neighborhood, is described as *"rather recreational"* (R.G., professor), since it does not offer a functional continuity to useful daily routes. Also, this portion of lane for bicycles is located at a significant level difference from the city center (approx. 120 m)[13], which makes its accessibility even more difficult. *"What should I do there? I have to go out on Calea Turzii"* (Ibid.), says the same respondent, suggesting that the lack of connectivity can transform a theoretically functional infrastructure into a marginalized space from a practical point of view.

These observations highlight the importance of a qualitative and contextualized approach in the analysis of mobility infrastructures. The network of bicycle lanes cannot be understood only through the prism of its length or density, but must be analyzed in relation to daily usability, spatial continuity and the subjective perception of those who use it. In this sense, the development of green-alternative infrastructure is not just a technical process, but a profoundly social one, subject to tensions between institutional priorities, user behaviors and the spatial configurations of the city.

Another type of interaction: the green-blue corridor

The green-blue corridor project, which follows the natural route of the Someş River, is perceived by the majority of respondents as a promising urban intervention, capable of creating a safe and equitable alternative in relation to the road infrastructure dominated by automobiles. In this context, the corridor is not only a mobility infrastructure, but also a space with the potential for symbolic transformation of the relationship between city, nature and citizens.

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[13] Calculated using: freemaptools.com, https://www.freemaptools.com/elevation-finder.htm

By eliminating the direct confrontation between cyclists and drivers, this type of space contributes to diminishing the intermodal tensions that characterize many of the interactions in urban traffic. At the same time, the green-blue corridor is perceived as a more efficient alternative for the development of bicycle infrastructure, especially due to the fact that its route would allow for more fluent mobility and an increased speed of travel for bicycle users. This characteristic is important not only from the perspective of individual comfort, but also in terms of integrating cycling into the functional system of the city. In an urban space in which the distances between residential and economic activity zones are increasingly large, the capacity of infrastructure to support rapid and predictable mobility becomes an essential element of urban equity.

> The green-blue corridor is a promising intervention offering a safe and equitable alternative to car-dominated infrastructure, fostering more fluent mobility and faster travel times for cyclists. (M.B., corporate empolyee)

An important group of potential beneficiaries of this infrastructure is constituted by the inhabitants of the Floreşti commune, a peri-urban locality located west of the city, which daily provides a consistent flow of commuters to Cluj-Napoca. These represent a vulnerable category from the perspective of mobility: dependent on road infrastructure and directly affected by recurrent traffic jams on the main access road to the city from the west. Similarly, but from the east of the locality, the inhabitants of Apahida face the same type of problems and could benefit from bicycle transport, even in more optimal conditions of travel, the relief being totally flat. The corridor project could, therefore, contribute to the decongestion of these areas, offering a non-motorized, faster and more reliable alternative route.

> An important group of potential beneficiaries are the commuters...dependent on road infrastructure and affected by traffic jams. (C. D., civic servant)

Such urban interventions can be interpreted as forms of "ecological reconfiguration" of the city (Amin & Thrift, 2002), through which nature is reintroduced not only as urban decor, but as functional infrastructure. Therefore, the green-blue corridor should not be understood only as a transit space, but as a micro-geography of equity, in which environmental, mobility and social justice policies intersect. In this sense, its symbolic and material importance exceeds immediate usefulness, becoming an indicator of the direction in which the vision of the city is developing: a common space, shared and less segregated according to the means of transport used or the social status of the inhabitants.

Final Considerations

The analysis reveals that urban mobility in Cluj-Napoca is predominantly dependent on personal automobiles, leading to congestion and spatial dysfunctions. This dependence stems from infrastructure that legitimizes certain transport modes and consolidates symbolic relations between agents. Cyclists in the city regard infrastructure as mostly *"invisible"* or as *"predominantly symbolic, with a less functional role."* Within the framework of social theory, the absence of favorable conditions for alternative mobility undermines the constitution of cyclists as a cohesive social group (Cox, 2020) and limits their agency.

The appearance and development of bicycle lanes (Oldenziel, 2011; Ebert, 2012) constitute important analytical elements for understanding the current configuration of mobility, as they have involved a certain organization of space and a segregation of infrastructure roles. These aspects are manifested predominantly in urban contexts dominated by automobiles, leading to the bicycle being perceived as a relatively unpopular means of transport and with a certain form of social delegitimization. The spatial organization of the city of Cluj-Napoca, although theoretically presenting certain facilities for this mode of alternative transport (delimited and marked lanes), generates remarks such as *"what are you doing here?"*, which reveals not only the social value of cyclists (Cox, 2020), but also their representation in the collective social imaginary. Thus, in the symbolic field, urban cyclists, due to the structural prioritization of motorized traffic, become deprived of visibility.

In accordance with the City's Sustainable Urban Mobility Plan (PMUD), using the Someș Rover and its tributaries as potential mobility corridors would represent an efficient solution for revitalizing urban transport. Green-blue corridors, in addition to the physical benefits recognized at the urban level (European Environment Agency, 2024), contribute positively to the social dimension of urban accessibility, by reducing the inequities generated by socio-demographic factors (Dohotaru et al., 2024). To fully realize this potential, the PMUD should prioritize the integration of green-blue corridors with existing infrastructure and ensure equitable access for all residents.

The development of alternative infrastructure through urban nature would presuppose both a conducive physical environment and more equitable relations between cyclists and other agents. However, as the connectivity of the bike lane network on the main axis of the city remains precarious and the river bed of the above mentioned Someș remains unadapted, this study considers that despite favorable geographical characteristics, alternative mobility in the city

hovers undeveloped. Addressing this problem requires a holistic approach that considers both physical infrastructure and the symbolic meanings associated with different modes of transport.

Precarious connectivity of the lane network imposes a major impediment for cyclists. Intensifying the presence of symbols specific to alternative mobility could benefit bicycle users, while modifying the symbolic relations between them and automobiles (Koglin, 2020). Looser separation of space between motorized and non-motorized means of transport could contribute to diminishing the hierarchization of the legitimacy of modes of transport.

Cyclists, as active agents in a complex network of human and non-human connections, constantly navigate interactions that are often unfriendly and inequitable. This stems from infrastructure limitations, pro-motorization policies, and urban planning decisions. While a relational ontology helps illuminate these dynamics (Mol, 1999; Law & Singleton, 2014), acknowledging unequal power relations (Holifield, 2009) is crucial for understanding the dominance of automobiles. Future research should explore the lived experiences of cyclists from diverse backgrounds to gain a nuanced understanding of these power dynamics and identify strategies for promoting equitable and sustainable urban mobility.

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FOUCAULT AND GOFFMAN. THE SHADOW AND THE MATTER OF DISCIPLINE IN THE UNIVERSE OF A PSYCHIATRIC INSTITUTION

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ABSTRACT. This paper focuses on the mechanisms of power and discipline that exist within a psychiatric institution in Transylvania, Romania. This is done through combining the theoretical perspectives of Michel Foucault and of Erving Goffman. While Foucault looks at power as the result of internalization through disciplinary mechanisms and discourses, Goffman puts emphasis on the micro-interactions and spatial arrangement that shape the institution. By bringing these two lines of thought together, this study tries to construct an analytical tool that reveals how surveillance, normalization and hierarchization operate concomitantly at structural and interpersonal levels. Using qualitative methods, more precisely participant observation, formal and informal interviews, the research explores patients' daily lives, the dynamics between individuals (be it staff or patient), the regulation of space and the interdependence of written and unwritten rules. It is suggested that institutional power is exercised not only through correction or direct surveillance but also through strategies and those strategies are built around visibility, divestment of space, documentation and collective self-monitoring. This, in turn, generates docile but truncated forms of subjectivity. The study also highlights the continuous existence of disciplinary strategies despite there being ongoing processes of deinstitutionalization, therefore showing how this psychiatric institution creates regulated, individualized and hierarchized existences.

Keywords: Foucault, Goffman, power, discipline, psychiatric institution, ethnography, surveillance, normalization.

Introduction

This paper will present the dynamics that exist in a psychiatric institution from Romania, Transylvania, trying thus to answer the question: *"How is power exercised in a psychiatric institution and what effects does it produce on the patients?"*

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To approach this matter, two lines of thought have been chosen, more precisely Goffman's and Foucault's. Although they are often presented as being divergent, the common points, the point that converge offer us two ways of looking at the lives of the patients, docile, institutionalized individuals. In this paper, their perspectives will be combined, their points of contact presented as complementary to one another. Rather than choosing or 'testing' which theoretical approach is stronger, they are brought together as to form an analytical tool capable of sectioning and exposing the dynamics all with the purpose of unveiling the mechanisms of power. If Foucault views power as the result of internalization, of disciplining through institutional mechanisms and normative discourses, Goffman looks at it through the lens of interactionism, emphasizing the concrete experiences that take place inside the institution, spatial arrangements, relations and the divestment of space. Brought together they offer a complete theoretical approach that doesn't sacrifice individual micro-interactions in favor of institutional mechanisms and vice-versa. The main argument of the paper is that power within a psychiatric institution is not exercised solely through coercion or surveillance. Rather, it is a multivalent and subtle combination of visibility, hierarchization, and the regulation of behavior through norms that, on the surface, present themselves as benevolent.

This is a qualitative research, grounded in participatory observation and having the support of both formal and informal interviews. The focus is placed upon the day-to-day lives of patients, including both their activities (workshops and labor) as well as their leisure time, all of this without overlooking the dynamics between the individuals. The perspective of the staff is also addressed, one that mirrors that of the patients, since the mechanisms of power extend to both sides of the institution. By employing the methodological triangulation, the study tries capturing the smallest details of the lives inside the institution, details that reveal the ways in which existences are organized, truncated, and brought into contact with one another. The interviews had the role of contextualizing the observation, but also of offering the researcher details otherwise invisible to the eye. In this way, situations that could have been explored only from a singular perspective were unveiled to reveal multiple facets, a multiplicity brought forth by the interpretations of subjects positioned differently within power relations. If at the beginning of the research the dimensions appeared concrete and lacking in depth, they diversified slowly, one by one, and thus brought to the surface complex processes of power exercise; processes that were accompanied by interpretations and discourses that seemed fragmented yet were in fact inscribed within broader institutional mechanisms. The research brought to light a unique

ecosystem, whose logic is basing itself just as much on written rules as it does on the unwritten ones. The latter undermine the former and these, together with the exceptions, have the role to reinforce hierarchies, individualization, and the weakening of social cohesion.

The choice of topic was based on a continuous curiosity regarding the functioning mechanisms of total institutions in Romania, while the selection of the institution itself was based on the openness provided through close relationships with some of its former employees. These aspects created favorable conditions for gaining access to the institution and initiating this study. The aim of this paper is, in fact, the construction of a theoretical framework, framework that is better equipped to understand the changes that come with systemic attempts at deinstitutionalization, attempts that are also making their presence felt in the country. Such studies are scarce in Romania, which creates a timely research context, while also leaving gaps that call to be filled.

Anthropological studies of this kind can shed light on the communities that form in such closed institutions and can bring forth a national contextualization regarding the functioning of medical systems together with a critical view of these. The creation of multidisciplinary documents addressing total institutions has the capacity to bring visibility to communities that otherwise remain submerged in invisibility. The importance of the ethnographic studies is all the more pressing given the fact that the public debate on mental health in Romania remains limited.

Goffman and Foucault

This paper will focus on the exercise of power, how does this take place and, perhaps most importantly, how it gives rise to discipline within a psychiatric institution in Romania. To shed light on the subject, two lines of thought were chosen: the Foucauldian perspective, which suggests that individuals self-regulate, they absorb the power and reproduce it, thus internalizing it; and the other, the Goffmanian perspective, according to which subjugated individuals are the result of being pushed into docility through deprivation, through systemic denial of access to the tools necessary for resistance (Leib, 2017). This paper argues that the two processes are not mutually exclusive but must be understood in a dialectical relationship, relationship in which the terms reinforce each other because of the multiple points they share in the arsenal aimed at enclosing the individual. The internalization of power will never reach perfection due to a set of countermoves, bubbles of resistance; for this reason, it must be doubled by a truncation of the self's possibilities of saving face. In this way, surveillance denies access to private spaces. There are no back regions, no backstage, and the self

is subjected to attacks from multiple fronts. As such, the analysis will be based on the relation between external and internal, more precisely, the way in which the external structures form and reinforce the psychological dynamic and vice-versa, the psychological states reinforce the external structures. The separation of the two is misleading, they are interdependent.

Microphysics and power as normalization

Ian Hacking (2004) talks about Foucault's work as being top-down, encompassing entire systems of thought, and Goffman's as bottom-up, focusing on individuals and specific locations. Nevertheless, both share common themes. Both study and critique psychiatric institutions while offering different perspectives on them. These perspectives are complementary, the Foucauldian concepts that critically address institutional power relations resonate with Goffman's analyses of the classification and interaction of individuals (Leib, 2022). Goffman's collection of essays *Asylums* provides us with a microsociology of total institutions centered on the everyday interactions, it shows us how the delimiting character of these institutions arises, a character that is symbolized by the breakdown of social spheres accessible to the individual, the prohibition of social interactions with the world beyond the institution, and the renunciation of it (Goffman, 2004). Nevertheless, Goffman doesn't question the issue of how these institutions appear, nor does he question the introduction of these in the normalcy of the society, thus becoming an element that semes more or less necessary for an optimal functioning of the world.

Foucault's macrosocial perspective fills in the gaps, it offers us a way of understanding the conditions of possibility of knowledge, of language, and the passage through successive institutional forms. His genealogies piece together the fragments and bring to the surface the ways in which the historical framework forms the individuals, shaping potentialities; and yet, he doesn't touch upon the ways in which these take place in the day-to-day life (Hacking, 2004). Combining these two authors, we can generate an analytical tool whose purpose is bringing together everyday interactions with the bigger structures of power, the institutional ones. As such, the microphysics of power is the meeting point between the two thinkers. Both construct a framework with which it is possible not only to identify, but also to observe and record the exercise of power as the hegemony of normalization (Burns, 1992). When Foucault talks about this concept, he refers to the way in which power functions at the lowest levels of social relations, where it takes, among other forms, the shape of normalizing power. Its validity is situated somewhere in the space between the grand mechanisms (in this

case, the institution) and the bodies themselves. Seen as such, it stops being a property, rather it becomes a strategy, a set of sites, tactics and mechanism (Foucault, 2005). Micro-physics, in fact, renders intelligible the multiple facets of power, but it does so in terms of the various spaces that the institution can attack and the body seeks to defend. We cannot reach a state of immobility, rather, it is a continuous flow of moves and countermoves. The intended outcome is the transformation of the individual in a calculable and regulated subject, brought into visibility. This visibility follows two paths, a non-discursive one, that of surveillance, and a discursive one, that of documentation. Documentation renders the invisible aspects of the individual visible. The individual loses anonymity becoming a case, being fixed in place (Leib, 2017).

Power defined in term of normalization is the main concept that ties the two thinkers together. For Goffman, according to Hancock and Garner (2011), this would take form in the ways individuals are coerced to conform with social norms and to adopt those competencies that are suitable for interacting with other individuals; as to uphold the social order. Such an interpretation pushes towards a perspective of the world rests upon the normative order, order that can be undermined, respected, transgressed etc. Another important point is the guidance that is provided by the frames. When we talk about frames, we refer to mental schemas or interpretive structures that enable the individual to understand situations and to make sense of the world. A frame can be seen as an o principle of organization of events, but also as a condition of possibility for the individual's participation in them (Goffman, 1986). As such, the individual's life is guided by frames, and assuming the idea of the character leads to direct regulation of one's behavior. The individuals with which we interact, having their own frames, impose indirect forms of control. We are not free to frame our experiences, they are constructions of the social collective., as such they have a productive role (they allow the world to be easily understood) and a repressive one (they constrain, define, form and determine social interactions and meaning) (Garner & Hancock, 2011).

Moves and countermoves

The normative order is for Goffman, and Foucault as well, subjugation, social control, but there also is resistance, every one of the elements are caught in a continuous flow; where there is power, there is resistance (Garner & Hancock, 2011). Power as normalization refers to the fact that it doesn't need to forbid behaviors, it just defines, and it defines what is normal, thus creating norms.

Having done this, it classifies, measures and, maybe most importantly for this study, it diagnoses and corrects deviation from the norm. The norm becomes a criterion for comparison, an omnipresent one, and one through which every behavior is assessed, and it does all of this through social, medical and educational apparatuses. In the end, the abnormal individual is not excluded, but rather it is formed as a subject that needs correcting, reintegrating, keeping under control; being normal becomes an obligation (Foucault, 2002). It is an extension of the disciplinary power, based on techniques of control, surveillance, normalization and correction. The sought after result is the formation of useful and docile bodies. The general principle for exercising power over the body and coordinating it in relation to the other bodies is the possibility of permanent visibility. Thereby a double movement of power is born on one side, it constrains, on the other, it individualizes (Power, 2011) and although a perfect system is desired, it can never be reached. The movements of power are coupled with counter-movements of individuals and the networks between them. Therefore, the mechanisms of normalization need to stay fluid, to grow, to change, to have a continuous flow as to avoid bifurcation points through adaptation.

Consequently, the disciplinary power does not suppress individuals but creates them, thus becoming a technology that acts upon the smallest units. Examination, together with visibility, assures the smooth exercise of power, examination constructs the individual as a case, an object that can be described, measured, analyzed and compared; the permanent visibility assures the automatic functioning od power (Foucault, 2005). Goffman, as well as Foucault, engage in an interior/exterior type of game, but if the emphasis is put on the social frames for the former, for the latter it falls on the institutional mechanisms. Power (2011) illustrates the differences between the two without diminishing their complementarity, noting that Goffman produces an account of the asylum while simultaneously producing a method that interacts with the asylum as an object, whereas the Foucauldian object is broader, an entire apparatus or dispositive of laws, architecture, administrative practices, and discourses. The latter can be brought to light through archeological inquiry.

Internalization and the divestment of space

The panoptic architecture emerges as the spatialization of disciplinary power and can be understood as a form of spatial organization that produces power through visibility and continuous surveillance. The architecture stops being an apolitical or neutral aspect, instead becoming one of the main channels

through which power is exercised. The continuous visibility brings with it self-control, thus the individual internalizes power, and it projects it further. A double movement takes shape, while patients are individualized through observation, power itself becomes de-individualized, its principle no longer embodied in a figure or a person, but in the distribution of space, the distribution of bodies, gazes and surfaces. Foucault also argues that being caught in such a field of visibility, a conscious capture, brings with it the internalization of the constraints imposed by the power, making them operate spontaneously upon the individual and, at the same time, becoming the principle of one's own subjugation (Foucault, 2005). This paper argues, however, that this is just a part of the process working inside the institution. The second part is the divestment of space, space that is necessary for managing and defining the self. Goffman, according to Leib (2017), presents the self as being a result of two processes: the negotiation of the various social toles that the individual must perform and the individual interacting with meaningful objects present in the surrounding environment. In society, the individuals try not to confuse their roles or to avoid the unplanned encounter between two different roles, as this becomes a source of anxiety. If such transgressions do take place, the individual can always retreat in the back region to regroup. The back region bestows upon the individual invisibility, there are actions which take place only in the back region, actions that are entirely private. If the front region is constructed for interaction, the back one, the backstage, are a space for relaxation.

The division of spaces becomes thus necessary for managing the roles. For the individual to perceive themselves as being in control, both regions are necessary, whereas panoptic institutions deny this division. The territory, as well as the space are visible, the invasion of these spaces places the person in a situation where regrouping is impossible (Leib 2017). A total institution is characterized primarily by the dismantling of the boundaries that separate the three spheres of individual life: sleeping, leisure and working; all these take place in the same space. Every action occurs in the presence of a great number of individuals, following a strict schedule. From this arises the inevitable appearance of various phenomena, such as that of contamination (Goffman, 2004). Although Leib argues that the exercise of power in such institutions takes the form proposed by Goffman rather than that advanced by Foucault, this paper does not endorse that position, but at the same time, it does not support the idea of the spontaneous internalization of constraints imposed by power either. Rather, the two perspectives are placed in a dialectical relationship, each depending on the other in securing subjugation.

The loop and the panoptic surveillance

A key concept is that of the loop. Goffman outlines a circularity regarding the interactions between individuals in a psychiatric institution. Behaviors are "set free" only to become the subject of psychiatric analysis by the staff. The spheres of existence open their borders to one another and merge in an institutional one, the outcomes of such a metamorphosis are, on one hand, actions in one setting cast their shadow over those in other settings, thus homogenizing behavior (Goffman, 2004), and on the other hand, they allow for the surveillance of all spheres of existence. This concept is further linked with that of panopticism, both processes involve a certain type of surveillance, one that touches upon multiple layers. Responses to monitoring themselves become the target for further evaluation, thus resulting in self-monitoring (Garner & Hancock, 2011). Therefore, subjugation takes shape on the basis of a fictive relationship, a relationship in which the individual's dissociation between seeing and being seen is ever present (Foucault, 2005). Patients are grouped into blocks, so as to facilitate permanent observation. The employees are agents of this process, employees whose activity is not guidance or inspection, but surveillance. In a crowd of institutionalized subjects (what Foucault calls *docile bodies*), the lack of submission will stand out (Goffman, 2004). The loop represents micro-spatial, face-to-face regulation, whereas the institutional architecture denotes a panoptic spatiality.

One of the problems encountered during field observation is that Goffman, being situated in a specific historical context, tends to lose some of the force of his examples and, implicitly, of his theory as time passes and macro-social changes unfold across different sectors. As such, starting in the 1950s, a concentrated, conscious and complex effort toward deinstitutionalization can be observed. The article by Chow and Priebe shows concretely that deinstitutionalization efforts have, over the years, moved in an increasing number of directions. The focus of the different movements differs from one decade to the other, from one country to another, and many of these enter into direct dialogue with Goffman's work (Chow & Prebe, 2013). The conclusion is that we must make conceptual leaps in order to explain the phenomena of a contemporary institution in Romania. Although such efforts are considerably smaller in the country, they do exist; the institution studied is profoundly different from the one portrayed in *Asylums*. The spaces of the self are no longer invaded, rather they are set free, even encouraged, being an important part of the path to recovery. We get to a stage of deinstitutionalization that is not particularly advanced, yet in manages to alter the internal dynamic of the institution. What in Goffman's work was a central concept, the loop, but one that functioned in complement to other processes of ensuring the submission of the institutionalized, now becomes the primary

phenomenon, with the others taking on a secondary, though not disappearing, role. The institutionalized are given tools with which to preserve and construct their sense of self, but these tools belong to the institution and are organized in such a way that they remain open to surveillance. Thus, every behavior, whether negative or positive, is recorded and subjected to value judgements, which in turn enter into the evaluation of the patient's condition, whether improvement or deterioration. What, at first sight, could be considered greater liberty, on closer inspection it becomes a tool for surveillance. Self-monitoring emerges here as a defensive response and is therefore internalized, its purpose being the achievement of a positive evaluation. Thus, what seems to be free behavior is free to the extent that it had already been carefully tailored to display a certain appearance, a certain measure, and a certain intensity. The self's spaces are no longer overtly invaded or prohibited, but rather carefully shaped so as to fit the institutional narrative.

A short methodological break

This study combines qualitative methods in order to explore the dynamics within a psychiatric institution and to reveal the mechanism through which power is exercised. The methods employed are the formal interview, the informal one and participant observation. The choice of the methodological triangulation was made with the purpose of consolidating the gathered data, given that these methods are complementary and, taken together, enrich both the volume and the depth of the data. The benefits of triangulation revolve around the deeper understanding of the context, of the behavior and the sense of the actions, as well as an increase in credibility and robustness of the results (Flick, 2024). Moreover, they offer a more comprehensive understanding of complex phenomena and helps with avoiding the bias specific to a single method (Patton, 2014).

When referring to formal interviews, I mean a planned and structured face-to-face meeting between the interviewee and the interviewer, with the purpose of obtaining a specific set of information through a dialogue led by an interview guide (Roulston, 2024). This method was used both within the institution and outside of it, with the interviews being semi-structured. They were divided in two categories: the ones with former employees and the ones with female patients from the institution. The interview guide for the first category covered several dimensions: relationships (with indicators such as employee-employee, employee-patient, patient-patient), physical abuse (beatings, degrading actions, imprisonment), psychological abuse (insults, deprivation of goods/theft, neglect and hierarchies) and sexual abuse (rape, forced abortion, sterilization,

sexual harassment). These interviews were conducted months before the observation period, and their purpose was an exploratory one. For the second category, the interviews focused primarily on the life trajectory in the institution as well as outside of it. The interview guide was split into 4 dimensions: genesis (childhood, adulthood, entry into the institution), conditions (material conditions within the institution, financial conditions, level of satisfaction with these), relationships (patient-patient, patient-employee, patient-individuals outside the institution), and activities (sports, ergotherapeutic activities, leisure).

In the field, several informal interviews were conducted. By informal interview I refer to conversational meetings used for gathering information without relying on the rigid structure of a list of preselected questions. The benefits of these are their flexibility and capability of bringing new themes to the surface based on each interaction (Roulston, 2024). As such the benefits are the maximization of flexibility and spontaneity, adapting to each individual that was interviewed or field situation, and allowing new lines of questioning directly linked to the context and thus diversifying the data (Patton, 2014). The informal interviews were an absolute necessity during fieldwork, taking place with both staff and patients. They proved to be a tool with a greater ability to collect data than formal interviews.

The participant observation was the main tool for gathering data, understood here as immersion in the studied situation, with the purpose of describing and participating simultaneously all in order to produce empirical material grounded in lived experiences. This qualitative method is central to ethnographic research (Bratich, 2024). The advantage of this tool lies in the easier understanding of the emic perspective without losing the ethical awareness; it offers deeper contextualization, uncovers unwritten rules and brings forth data that other methods could overlook (Patton, 2014). During field work I focused on the following dimensions: spatiality, relationships, rules and activities. With regard to spatiality, particular attention was given to the structure of the rooms, the visibility of the spaces (both from outside the room and in terms of their openness), the distribution of bodies, as much that of the patients as that of the staff, private spaces, referring again to both categories of people, but also the semi-private spaces. In terms of relationships, the indicators included the dynamics between the patients, those between the staff and the patients and those among staff members. Regarding rules, the indicators were the written rules, the unwritten ones, the transgression of these and the punishments that follow. The activities were divided into three, just like the ones in the interviews, namely sports activities, ergotherapeutic activities, and leisure.

The institution is located in Transylvania and was selected due to personal connections with former employees, which provided a certain degree of openness. Its geographical location also facilitated the research by granting me a higher

level of access than initially expected. One problem encountered during the research was a linguistic blockage. Because of its location, many from the staff speak Hungarian, as such, some of the dialogues were incomprehensible. This issue also extended, though to a lesser extent, to conversations between patients or between patients and staff. Another limitation was the psychological strain I personally experienced, as the atmosphere was often tense and, at times, unwelcoming. The size of the institution also represented a disadvantage, as the timeframe allocated for conducting the research did not allow me to spend extended periods of time within a single ward. Consequently, not every part or aspect of the institution could be investigated, which required omitting certain areas. Most of the participation therefore took place in the upper section of the institution, where wards A, B, C, D and E are located, as well as the medical office and administrative offices. The lower section, the section which includes the ward for elderly women, the pottery workshop, the canteen and the library, although it was visited, it was never systematically studied. Even in the upper section there were limitations, namely the medical office and the administrative offices remained inaccessible to me.

The choice of spending more time in the wards with the patients can be considered a positive one, as spending extended periods in the offices or the medical room could have led to resentment. Following the same reasoning, I also chose to avoid visiting the institution during the weekends. I was informed within the institution that at the end of the week there are no activities so there is nothing for me to observe, and, form former employees outside the institution, I learned that nurses are absent on Saturdays and Sundays, leaving only the orderlies, whose behavior is "more relaxed", a state of being that could have been inhibited by my presence. Also worth mentioning is the staff's reluctance to cooperate with me, reluctance that gradually diminished as I became familiar with their routines and behavior. Nevertheless, the presence of the researcher in the facility was rarely overlooked. The staff never ceased to feel observed, consequently, such questions as "What do you think?", "Is this okay?", or "Does this interest you?" were omnipresent. A final limitation, and perhaps the most significant, was the complete refusal of the staff to participate in formal interviews. This refusal was observed among some of the patients as well, particularly those with higher analytical capacity. Informal interviews did take place, with the staff being open to answering various questions or sharing stories about the patients or the institution, but these remained strictly conversational. Many of these limitations could have been overcome had the time spent in the institutions extended over a considerably longer period, however, the relatively short timeframe made certain barriers impossible to surmount.

The Institution

Spatiality

The buildings have a welcoming appearance, painted yellow, with benches, chair and tables outside in the sun, as well as in shaded places. The first two wards, A and B, are connected, forming a single building with doors linking the sections. Attached to these, on either side, are the offices and the medical room. Although one can move between sections through the interior, during summer the passage is usually made through the courtyard. The other wards, C, D and E are separate buildings. Wards A and B are considered good sections, although on a hierarchical scale, the girls in Ward B are regarded as more intelligent. Ward C is the "smart ward" and is situated at a greater distance from the others. The distance grants them a degree of isolation from the others, but since they do not have workshops within their own building, they participate in those located in Wards A and B. Ward d is known as the ward of "bad girls", those whose disabilities are more severe. Although they also lack workshops in their building, they do not travel to A or B; instead, they have their own occupational therapist and, aside from sports activities, they do not usually leave the ward. There are a few cases of girls who walk around, but most are kept inside. Wards E is the boys' ward, the only one of its kind, and it is located at a considerable distance from the others. The closest ward to it is D. With the exception of a few individuals, no one leaves the perimeter of the ward. They do not have workshops and there is a single individual who attends the pottery workshop and a few others who assist the staff with various tasks. The rest remain within the ward.

Each ward is different to some extent, the only ones resembling each other being Wards A and B. Here, the hallways are straight, and at their ends one can find the workshops, the canteen, doors leading to other sections, or doors leading outside. Each hallway is lined with doors signaling the dormitories, and each dormitory contains three beds. The dormitory doors have windows through which the inside is visible. The rooms are open, facilitating visibility, in some of them there are televisions, but in most the only pieces of furniture are the patients' wardrobes. Each room has its own bathroom. The workshops consist of a single room with tables at which one can work. The canteen is a spacious room, and it is filled with tables and chairs. The room where the dishes are washed and where the orderlies eat is separate from the one where the patients eat. In Ward A, contact between the canteen and the kitchen is made through a window with a counter. From there, food, water, or coffee is handed out. The patients' dishes are washed in one sink, while the staff's dishes are washed in the other. From the kitchen, there is another room branching off, furnished with

a table and chairs for the staff. This is where the staff eat, away from the patients' gaze. The windows of this room are covered with curtains that allow visibility toward the patients, but do not do the same the other way around. In Ward B, contact between the canteen and the kitchen is made through a door, giving the patients easier access to this space, but here too a clear segregation is evident between the facilities for the patients and those for the staff.

Ward C has no hallways and includes an upper floor. On the ground floor, there is a single dormitory reserved for women with mobility issues. The ground floor is open: on one side, there are wo tables with multiple chairs and a refrigerator for the patients' personal food, while on the other side there are couches with a television nearby. The kitchen is adjacent to the open space, and its entrance signals the beginning of the staff's territory. There is a single sink where all dishes are washed, though different sponges are used. Upstairs are the dormitories, each housing the same number of patients as in the previous wards.

Ward D has only one floor and is considered the "rejects' ward". There is a common room with tables, but since it was summer, most of the patients stayed outside. In this room, meals are served, and activities are carried out. There is an occupational therapist assigned here, but unlike in the other wards, male staff are also present. Outside, there is a gazebo with mattresses, tables, and benches, which serves as the main space where most of the time is spent. The staff area is small, consisting of a room with a table and a few chairs. It connects to the rest of the common room through a door, but patients are prohibited from entering.

Ward E, the men's ward, combines two spaces, an upper and a lower floor. On each floor, there is a common room where patients gather. The rooms are furnished with tables, chairs and a couch. There is also an outdoor space with a gazebo, though no activity was observed there. Patients have various activities, considerably fewer than in the other wards, and each common room has a Television. A significantly larger number of men work here.

The distribution of bodies is organized in such a way as to maximize visibility, and the architecture of each ward facilitates easy supervision. Where the architecture does not promote supervision, the organization of the patients compensates for it. Ward E is the best example of this aspect. The dormitories have no windows on the doors, so the patients are taken outside every morning and the doors are locked. The reason given by a nurse was that they "ruin the beds". There is also a separation between the two floors, the upper floor is kept locked and the patients there do not come down, except for a few cases. Ward D follows the same reasoning, once the female patients are taken outside of the rooms, the doors are locked. Grouping the bodies in masses that can be seen

from every angle (the rooms or the gazebo are open spaces, and the staff, numbering two or three individuals, is always present) ensures visibility. Any body that tries to move aways from the others is asked about their intention and, usually, is brought right back. In Ward C patients do not have the same restrictions, but they are still offered open spaces in which they are visible. In Wards A and B, any absence from a workshop is noticed, the women are divided into two groups, and each occupational therapist knows her patients. In the case of an absence, other patients are sent to bring the missing one to the workshops. The conclusion of these phenomena is the precise knowledge of everyone's location. Each individual has an exact position, at an exact time, where she must be, and any anomaly from this order is detected, even if it is not always resolved. Although what we have at first glance might be called a mass of people, they are in fact individualized, separated, yet together.

Another important aspect regarding spatiality is the private and semi-private spaces. When talking about such spaces, the reference in not limited to the physical spaces, rather we mean the entire range of entities over which individuals appear to exercise control. The distinction is made based on patients' access to these spaces: where patients have broader access or slightly restricted access, I will refer to them as semi-private spaces (patients' bathrooms, storage rooms, nurses' rooms); in the spaces that belong to the patients, those which each individual demarcates for themselves and to which they deny access to other, I refer to these as private spaces (the bed, the locker and the body). An important note here is that such private spaces are private only in relation to other patients. Staff always retain access to their lockers, just as they do to their beds and bodies. These are constantly evaluated and are directly linked to the patient's behavior; thus, an unmade bed is interpreted as a lack of interest or insolence, it is the same with a disordered locker. The bodies are carefully evaluated and reevaluated with the purpose of revealing the trajectory toward recovery.

The girls and the boys are given their own clothes, they have their own lockers, they have access to their personal care kits. An entire sphere is thus created in which they can fashion themselves, a sphere over which, at least in appearance, they exercise control. Patients are no longer shaved bald, in fact, haircuts are now permitted. Liliana, a patient from Ward D, the ward considered the most problematic among those for women, constantly dyes her hair. During the weeks I spent there, her hair color changed three or four times. Her friend and fellow ward-mate, Mira, went through similar changes. In addition to Liliana, she has longer hair, which allows her to adorn herself with different kinds of braids. Assisted by other patients or by staff members, she creates her own image in impressive and intricate ways. Both girls, and they are by no means the only ones, receive clothing not only from the institution but also from

outside sources, through various channels of social aid. The styles they adopt are, more often than not, different from the norms of the outside society, perhaps even unusual, yet they are unique and aligned with the patients' own desires. They are complimented for the way they dress but also admonished. A striking contrast emerges when compared to the wards where patients once had their heads shaved, wore identical clothes, and had their identities erased, with no access to reclaiming them. Nevertheless, they are subjected to the looping effect more intensely than the other girls. On my very first day, at the human resources office, Mira appeared together with another patient. She began speaking with a staff member, entering the office and bringing up an issue concerning temporarily leaving the institution. The staff member, quickly brushing aside Mira's questions, reached out and ruffled her braids, asking *"Well, look at yourself, what have you done to your hair? Who did it?"* (Adela, social worker). Mira stepped back, responded, requested reassurance regarding the issue she had come for, and, after receiving a confirmation laced with sarcasm but nonetheless affirming her request, she left. The staff member then turned to me and shook her head: *"Well, see what I have to deal with every day?"* (Adela), likely referring to the patient's strident tone, her appearance, and the fact that she had to provide reassurances she had given many times before. Another episode took place during sports class. Both Liliana and Mira attend these sessions, which usually start and 9 a.m., held outdoors if the weather is nice, or in the gym otherwise. One day while playing soccer, Liliana came wearing tight leather pants and was almost immediately sent back to change by Rebeca, the physiotherapist. During my stay, numerous similar incidents occurred. If T-shirts or pants were stained, the patients were sent to change them, if they got dirty, if the clothes were too large or if they were too small, they were sent as well. Hairstyles constitute another level of evaluation. If a haircut is deemed necessary by the staff, patients are encouraged to have one. If they dye their hair, they are often met with sarcastic remarks. Sarcasm is frequently used in response to the patients' attempts to dress up, but there are also compliments.

An unwritten rule in the institution is that the patients need to be complimented. In an interview with a former employee, this is presented to me quite clearly, the girls like the compliments: *"If you go there you need to tell them that they are beautiful, that they dressed beautifully, you will see it creates such pleasure. They smile so…"* (Alexandra, former nurse). One is expected to compliment their clothing, haircuts, the physical appearance as a whole. There are even compliments that have a sexual undertone, but those come mostly from the men working in the institution and are considered harmless. From my own observations, most patients seek out compliments, often asking whether they look good. An affirmative response from me never failed to bring a smile on their face. However, what becomes quite clear, even from the first day in the

institution, is that sarcasm is used as a tool in the hierarchical ranking of patients. Remarks such as: *"You're pretty, come on, go away"* or *"Yeah, you, you got dresses"* or *"Where did you get those clothes? You look good, what can I say?"* poison the string of compliments. Sometimes these comments seem genuine, but they are not. The same therapist, Rebeca, on another morning during sports class, compliments one of the patients and then turns to me laughing and shaking her head disapprovingly.

This type of behavior (compliments, sarcasm, sincerity, insults, prohibitions) extend over the majority of the patients' actions: in the ergotherapy workshops, at meals, in physiotherapy sessions, in the clay workshop, in the dormitories and so on. What might seem like a harmless exchange of remarks, praise and scolding, when applied across all of the individual's spheres, becomes a tool of control. Through the continuous hierarchization of clothing, behaviors and work, a clear framework is created for analyzing what is permitted and what is not, what is acceptable, what is desired, what must be avoided and so on. The patients end up self-monitoring the clothes they wear, the amount of work they do in the workshops, their attendance at these activities, ensuring they get regular haircuts, eating less, all in an effort to please the staff or to avoid consequences. Thus, we see that although the space of the body, the sheath, is private, it is so only in relation to other patients, the staff, through the loop phenomenon, hierarchizes and controls these private spaces. Constant control brings with it the internalization of certain norms, which in turn become institutional normality. The freedom to make choices about one's own appearance is therefore encoded within a set of indicators delineate what is considered normal from what is considered abnormal.

While helping one of the girls put some clothing items in her locker, she shows me a T-shirt she likes but does not wear because she does not want it to be seen that she gained weight (in the context where she is constantly told she needs to lose weight for her own health). Another patient, Paula, presents a similar problem, but approached from a different angle: she has good clothes, new ones, but she does not wear them because they are "too nice". As such, both a lower and an upper limit are constructed. Reality is built brick by brick, a carefully truncated reality that becomes internalized by the patients. Remarks such as: "I was lazy today, I didn't go the sports class" or "I helped the lady, I've been good" or "I want to be beautiful, that's the way I like it. I don't go around anyhow" demonstrate the desire to conform to institutional standards, a desire closely linked to the self-evaluation of the patients.

When conformity becomes problematic or does not occur, consequences follow. During a visit outside of the research period, I witnessed an episode in which I accidentally became involved, one that exemplifies the absence of truly

private spaces. Letiția, a patient in Ward B, regularly receives clothes from outside the institution. Having recently received a bag with clothes, she no longer arranged them neatly in her locker, as she was supposed to. The result was violent, the entire content of her locker was pulled out and thrown to the floor. This was followed by a heated exchange between the patient and the head nurse of the ward, Mrs. B, in which Mrs. B threatened that if she did not organize her locker, her new clothes would be thrown away, along with her other care products. These threats were accompanied by remarks such as: *"How many times do I have to tell you, girls, to keep things tidy!"* (Mrs. B), directed not only at Letiția, but at all the patients who had gathered to witness the quarrel. The situation calms down when I offer to her put her clothes back into her locker. Mrs. B leaves the dormitory and together we fold the clothes and place them in the locker. Only after reaching a greater state of calm, with a mischievous smile on her face, Letiția admits that she has not been particularly tidy, telling me also where she had received the clothes from. Mrs. B continues to make short visits during that hour, reminding her that if she does not keep her locker organized, she will not be able to find anything in it, discipline thus being reframed within a logic of efficiency. She tells us exactly how to fold the clothes, how to place them in the locker, and her tone softens with each successive visit. Thus, patients are given care kits along with their own lockers, but these are closely supervised and can only exist in accordance with the institution's standards.

Semi-private spaces shed new light on the hierarchy that emerges among other patients, a hierarchy established and maintained by the staff. Only the trusted girls are allowed to enter the storeroom, the others might steal, or their disabilities are deemed too severe for them to be entrusted with such a task. The trusted girls are those who clean, make their beds, are orderly and do not cause trouble. They are granted access to the room where the nurses are, are called upon to carry objects or food from one place to another and generally receive small favors from the nurses. The hierarchy is also felt by the rest of the patients, which in turn fosters a sense of hostility towards the trusted girls. In a conversation between the two occupational therapists from Ward A, one of them remarked: *"Well, what am I supposed to do if she manages on her own? If you give Angela money, you'll never see it again, so of course I keep sending her. What do they want?"* (occupational therapist from Ward A). In an interview with one of the patients, Marta, she explained that some of the other patients consider themselves superior to the rest: *"Some think they're very smart even though they're not. I just leave them alone because if you leave them alone, they won't bother you, but they're really stupid."* (Marta, patient on Ward A). Therefore, semi-private spaces become symbols of status. Access to them structures the hierarchy among patients and fosters antagonism.

Relationships

Relationships were divided into three categories: patient-patient, patient-staff and staff-staff. Across all levels, these is a noticeable lack of cooperation and relatively weak social cohesion. There are exceptions and these will be mentioned, but for the most part cohesion is low, interactions remain ritualistic, and a constant process of hierarchization is at play. Everyone has their place and that place is defined in relation to the position of others. The absence of collaboration is most visible among the patients. There exists a clear hierarchy between wards, a hierarchy recognized and reinforced both by the staff and by the patients themselves. From my very first day, I was warned about Wards D and R, those considered to house the "most problematic" cases. During the initial tour, I was advised to avoid those wards: *"You can go if you want, no one's stopping you, but over there, they are the way they are"* (Adela, social worker). Mrs. A presented ger own ward as being composed of "good girls," who sometimes "have their moments" but are, for the most part, not problematic. By contrast, in Mrs. B's ward, the girls are described as "a bit more resourceful." Even though Wards A and B are physically next to each other, the girls identify one another primarily by ward affiliation. For instance, when I asked one patient about a girl visible in the courtyard, she replied simply that she was form Ward B, a response that, for her, fully explained the girl's behavior.

Ward C is a ward of self-isolation, the women here interact very little with patients from other wards, and when they do, it is mostly out of necessity, either to ask for cigarettes or other valued items, or to seek information. Paula, a nonverbal patient from Ward D, has permission to wander the institution's pathways. She usually does so with a cup in her hand or a cigarette butt, looking for someone to light it for her, or for a bit of coffee from another cup. She makes rounds at each ward, but because Ward C is the closest and often has women who possess cigarettes or coffee, it is her first stop. Here, however, Paula is driven away by the women through remarks such as: *"Go on, get out of here," "Scram,"* or "*Go back to your own ward, Paula, this isn't your ward."* Paula is only one example among many similar interactions. Ramona, another patient from Ward C, when asked by me who is the person approaching us, she looked at me, smiled and said *"a sick one."* She is also the person who advised me not to speak with patients from other wards, to leave them alone, and to remain on Ward C because it is better there.

Inside the wards it is the same, the first hierarchy is established within the ergotherapy groups. Both in Ward A and in Ward B there are two workshop groups. In each, there is a "better" group, considered more capable of producing complex objects, with patients whose activity reports are more positive, and a "worse" group. The second line of stratification emerges between bedrooms.

Close friendships tend to form among roommates, dividing the larger collectives into smaller clusters. In an interview with Edna, an older patient and seamstress (whose pension income is supplemented by sewing work she trades with the staff), she told me she does not really have friends, except for her roommate. The others do not bother her, she does not beat them, but she has *"a big mouth"*. If she goes out for a smoke, she tells the others not to *"look into her mouth"*. She gives them the butt, but she wants to smoke in peace. If they need something, they come only as far as the door, they do not enter. She also does not attend the workshops anymore, as she considers herself as too old for them.

Each of these relationships is closely monitored by the staff. Quarrels between patients are evaluated as signs of behavioral deterioration, thus marking a decline in the trajectory toward recovery. The hierarchies that emerge do so both as a result of deviations from institutional norms (a negative aspect, tied to moral judgements), and from the very spatial distribution of bodies.

Between patients and staff, a completely different dynamic unfolds. In Ward C, unlike the other wards, the greatest degree of freedom is granted. The women here mostly have higher education, a higher social status outside the institution and pensions. They are allowed to leave the institution most often, their financial resources giving them a certain degree of independence in purchasing their own food or cigarettes, and participation in workshops is not mandatory. The spheres of the self are allowed to be constructed here; nevertheless, they are also the most rigorously evaluated. This is the only ward where meetings are held, once every few months, with the Psychologist and the Doctor. I was invited by the Doctor to attend such a session quite early during my research. I was told that it was a meeting for listening to the patients' problems and requests. Ramona, a patient on this ward, tells me that she cannot wait for the meeting, she did not get along with one of the other patients and wanted to tell the Doctor about it. The atmosphere on the ward was pleasant, all the women were gathered in the large downstairs room, chatting among themselves, divided into groups and waiting. Once the meeting begins, the women are asked, one by one, whether they have any complaints or requests, each is addressed individually, but always in front of the others; everything is made public. When one of the patients is asked whether she cleaned her room, her response is verified by turning to Mrs. C, the head nurse on the ward. When Mrs. C answers that it is not true, the patient is reprimanded, she is told that she must follow the rules and get along with the other patients. The same happens in several other cases. Although attendance at the workshops is not mandatory, the women are encouraged to take part in them in order to improve their condition. The label of 'lazy' is applied to those whose participation is low. The public presentation of problems is not limited to the patients, it also extends to the

orderlies, with the Doctor remarking that she knows everything that goes on and acknowledging that the behavior of the orderlies does not always meet institutional standards. Mrs. C also voices complaints about some of the girls and her word is taken as the image of truth against the statements of others. When it is Ramona's turn, although she previously told me about certain problems, she remains silent. The Doctor insists that she speak, but she says nothing. The Doctor brings up issues encountered in the past, namely the fact that Ramona does not sleep in her own room but instead in the one intended for common use. Mrs. C tells the Doctor that she still does not sleep in her assigned room and also highlights the strong attachment she has to one of the orderlies. Ramona is reminded that the room is meant for the use of all patients on the ward, not just her and that her relationship with the orderly is known, including the place where they go to pray, that everything is known, but that she must maintain a certain distance and cannot sleep in the common room simply to be closer to a staff member. Ramona remains silent, with tears in her eyes. This is how the rest of the meeting unfolds.

The types of relationships on this ward are complex and diverse, managing to encapsulate all forms of staff-patient interactions present within the institution. Although the women have their own cigarettes, purchased with their pension money, these are usually kept by the staff, and the patients must ask for them. If they ask too often, the request is refused, or they are scolded. Their money is held by Mrs. C, who distributes it evenly in an attempt to make it last until the next pension payment. The patients must ask for their own money and may be refused or reprimanded, even threatened that it will soon run out and they will be left without.

On Ward E, relationships are even more brutal, more mechanical; here the staff give orders to the patients, and the patients obey. Nothing is requested, only ordered, this being the only ward where such practices are present in such high numbers. On one particular day, a nurse dropped a piece of salami from her sandwich. She noticed it, stepped away and ordered a patient to throw it away. The patient picked it up and ate it. The staff's disregard for avoiding contamination among patients can also be observed on Ward A, where a nurse gathered crumbs from the countertop, pieces of luncheon meat and bread, threw them into a patient's bowl of semolina and handed it to her.

It can be seen, then, that patient-staff relationships can take multiple forms. There are those relationships of strong attachment (such as Ramona and the nurse with whom she prays). If cohesion is low among the patients themselves, many of the most meaningful bonds are created between patients and staff members. In my interview with Edna, she told me that she gets along best with the nurses, and she is not the only one. Most relationships, however, are ritualistic,

based on necessity, exchanges, or transactions. Finally, there are the negative relationships, characterized by quarrels, rejections or simple acts of ignoring. While I was speaking with one patient, another woman approached, wanting to talk to me. As she was from a different ward, the first woman turned toward her, spat at her and pulled me away.

Finally, there are the relationships among staff members, which largely follow the same patterns. Greater cohesion is found among the nurses, therapists and the cleaning staff working on the same ward. Mealtimes and moments of conversation are most often spent in a pleasant atmosphere, yet clear hierarchies exist. The ward supervisors, the head nurses, stand at the top. They are the only ones who take part in regular meetings to discuss institutional matters and are therefore universally seen as the heads of each ward. The therapists seem to form a distinct group from the nurses, although, as Rebeca told me, they are often required to perform nursing duties due to staff shortages. On the scale of status, nurses are ranked just above the cleaning ladies, who are responsible for maintaining cleanliness. During my stay in Ward E, a male nurse told me that many of the cleaning ladies had been turned into nurses, despite lacking the appropriate training. This phenomenon stems from the absence of new positions being opened and from the institutional requirement of maintaining a minimum number of nurses. A final division within staff relations, one that strongly underscores the hierarchical ordering of rank, is the "ivory tower", the medical office. Here, the Doctor holds the strongest authority and exerts the greatest influence over the patients. When the Doctor comes to visit, the women are told to be quiet. She is also the one who interacts with the patients most frequently. The Psychologist was presented as an appendix to the Doctor, nevertheless, her office is located in Ward E. In a conversation with her, she described the staff's lack of training and positioned herself above them, speaking of them as unqualified and lazy, in contrast to herself, who has formal preparation. Likewise, when speaking with a former employee, also in the role of psychologist, she confessed that the reason she left the job was that she felt there was no room for growth. Writing reports and suggesting changes was pointless, since the final word always belonged to the Doctor.

Rules

When this work speaks about rules, it refers both to the written rules, the unwritten ones, and their violations, along with the consequences that follow. It is important to note that the institution has multiple rules must be followed "on paper", yet the nurses do not see them as appropriate. Mrs. A tells me this

while showing me the clothing storerooms (a basement under the institution that doubles as a bunker in case of war) and those with cleaning supplies or various other utility objects. Theoretically, these rooms should remain open, but they are kept locked. If they were to let the women take whichever clothes they wanted, those unable to take care of themselves would end up with none, everything must be rationed and distributed equally. The same applies when it comes to daily-use products, with another danger arising from the fact that some patients might consume them. The confinement of patients is strictly forbidden, nevertheless there is one patient in Ward A who is always kept in her room, and another patient in Ward E in the same situation. If they were allowed outside, they would either run away or become violent. The patient form Ward A jumps into puddles, runs away, and, due to staff shortages, her supervision is impossible. The patient from Ward E is violent, both toward staff and his peers. He is the only one without roommates, even though there are three beds in his room. During inspections, however, these rooms are opened, all patients are let outside, and the illusion of rule compliance is complete.

Participation in workshops is not mandatory, but non-participation is regarded as a negative aspect and carries consequences, such as being deprived of coffee or cigarettes. Patients (in Wards A, B and C) are allowed to wander through the institution, but they are always asked where they are going or where they have been. In cases of longer absences, the other patients are questioned, and if they do not know at that moment, they ask around and find out, the information flowing from one individual to another without difficulty (a consequence of the low level of social cohesion). Any transgression from these seemingly free, yet carefully regulated behaviors leads to a deprivation of goods or rights. Such deprivations are regarded as very severe punishments, since items so common in the outside world acquire significant importance within the institution. In Ward C, all patients are allowed to leave the institution, but only with exit permits and only after stating where they intend to go. They are also given a specific amount of time during which they may be outside, and if this is not respected, the punishment is a temporary ban on leaving.

The written rule stating that no one must work is doubled by the unwritten rule of mandatory labor. In both Ward A and B, there are girls assigned to housekeeping, helping out on different days with cleaning tasks. Those who are able to help but refuse are labeled as lazy or considered bad. Remarks such as *"I helped the lady today"* are very common and praised. Quite often, such a statement is followed by a small reward, a slice of bread with margarine, a packet of coffee, each seen as a fitting compensation. In Ward C, every girl must clean her own room. During the meetings, this issue is often raised and linked to the process

of recovery: nor cleaning is considered antisocial behavior, a deviation from the norm, and public reprimand in front of the others is the most common tool used to address these problems. Work in ward D is assigned to a small number of patients, compared to the other wards, here it falls mostly on the staff, a sharp comparison to Ward E, where most of the tasks are carried out by patients. There are a few "core" individuals who are sent to perform all kinds of tasks, especially the dirty work. Şerban is one of these individuals: if X urinates on himself, Şerban is sent to change him, mop the floor and dress him in the clothes provided by a nurse. When Y defecated in bed, it was Şerban who was sent to remove the sheets and wash them. All of these are unwritten rules, and I have not observed any violation of them. When another patient is sent to bring some boxes, he asks: *"And what if I don't want to?"* The nurse replies: *"I'll make you want to."* Physical violence is not unfamiliar in this ward, therefore, although I have not personally witnessed any major events, transgressions could be punished through physical aggression. Patients are pushed, slapped, and insulted for the smallest mistakes (such as stepping into the dust that has just been swept or approaching the entrance with a lit cigarette in hand).

What can therefore be observed is a duplication of each written rule with an unwritten one. This duplication either reinforces the official rule or cancels it out. Every aspect of life is, in one way or another, regulated and this regulation consists either of norms or of clear prohibitions. The way money is spent is monitored. In one case, when one of the patients, Diana, was asked what she had spent her last money on, she presented some lighters she had bought from another patient in Ward D. When Diana complained that the lighters were almost empty, Mrs. C scolded her, accused her of making poor decisions, and insulted her. Bartering is therefore also monitored and sanctioned, the patient from Ward D was summoned and told to return the money because the lighters did not work. Thus, an ecosystem of informal regulation takes shape, one that is, most of the time, stronger than formal regulation. This regulation materializes in the construction of what is considered normal and abnormal reality. Sanctions serve the role of bringing individuals back onto the right path, the only one that actually facilitates the smooth functioning of things and the patients' progress toward recovery. Praise and small gifts play the positive role of maintaining desired behaviors in a favorable light, clearly delineating them. The medical discourse corroborates and reinforces this regulation of behaviors, providing it with a logic that can encompass every sphere of patients' lives, from their thoughts, to their behaviors, to the way they socialize, everything can be incorporated into the normal-abnormal framework.

Activities

Activities take several forms, but the main ones are sports, occupational therapy, and leisure. These are regarded as the significant activities in the patients' lives, and all take place in the first part of the day. After waking up, patients get dressed, wash and prepare for the start of the day. Meals are served at fixed hours, after which they are given half an hour to drink their coffee, relax and so on. Workshops begin at 9 a.m. and last until around noon, there is another coffee break. The rest of the day is free; the activities are over.

In the occupational therapy workshops, patients engage in various activities, some color or draw, other sew. In one of the workshops, carpets are made, and there is also a section dedicated to tailoring. In this section, employees and a few patients engage in monetary exchanges. Orders are placed, fabrics are brought in, and all sorts of objects are produced. Old clothes are also recycled or repurposed here. Patients with lower dexterity make balls of yarn from various crocheted or knitted garments. The yarn is then used to make carpets or braids. "Nothing is thrown away, everything is reused," one of the occupational therapists from Ward B tells me. All the objects made by the patients are later taken to exhibitions or sold at fairs and the money is used to purchase new materials. Some of the patients do embroidery. On Ward B, a patient with a severe locomotor disability manages to embroider all sorts of images. The occupational therapist draws the patterns for her and based on these, she brings the image to life. It is a difficult and painstaking process, her movements are slow, she makes mistakes, but she goes back, repairs them and although her working time is much longer than that of her peers, she completes her projects. Not all patients are able to engage in such activities, and they focus instead on various puzzles or dexterity games. One of the girls' favorite games is one made by the staff: a simple cardboard box with a clown's face drawn on the bottom and a hole where its mouth should be. The patients must move the box gently so that a ping-pong ball falls through the clown's mouth. This is just one example among many, but this is how the workshop hours pass, day after day after day. Some patients do not participate in the activities. They come, but sit on the couches, watching the others or staring into space, yet still present. In one of the workshops there are computers, and the patients are given music to listen to through headphones. I am told that some of them even write emails, but most of the time they just listen to music. All these activities are later evaluated. Once every six months they must be transformed into raw data.

Physiotherapy or sports represent another major branch of the institution. Not all patients engage in sports, but all are encouraged to make use of the gym. With a small number of patients, such as Liliana and Mira, outdoor games are organized, but the majority come and use the equipment provided. The exercises

are designed to encourage mobility, and the machines are used in turns, starting with one and moving on to the next. In this same room, the patients are weighed, measured, and their physical condition is assessed. These data are also entered into the files that are compiled every six months. Each patient has a file, and these thicken over time. The progress of each patient can be tracked, improvements or the lack thereof are indicated through numbers, descriptions of actions and graphs. All these files must be kept up to date, not for the institution itself, as one of the nurses tells me, but for inspections. She goes and opens several cabinets, all full of files, and she says to me: *"Just look at how many we have to do."*

When it comes to leisure, it cannot take many forms. Leisure, rather than being true free time, is more like idle time or dead time. The weekend is the best example of extended dead time. Since no workshops are held and there are only two nurses on each ward, the patients have no activities. Usually, they stay in the designated spaces, talk, smoke or simply walk from one place to the other. In an interview with Adina, a patient form Ward C, I asked whether the lack of activities bothers her in any way. She told me that it doesn't always bother her, sometimes she enjoys the relaxation, since during the week she gets tires, but sometimes she does get bored. Ramona, however, tells me a different story. She does not like weekends, she spends some time on her phone, but otherwise she has nothing to do. The nurse she is attached to comes only very briefly over the weekend and, since she has no close friends in the institution, she feels that the weekend is meaningless. These two perspectives are widespread throughout the institution, while more patients from Ward C prefer the dead time, patients from other wards prefer the days with workshops. The angles from which this temporal void can be viewed are twofold: on the one hand, it could be seen as a disciplinary failure on the part of the institution, one among many others, but on the other hand, it could be understood as a tacit strategy of control through passivity and uselessness.

Conclusions

In this work, I have described an institution that can be understood either as a panoptic one, in Foucault's terms, or as a total institution, in Goffman's terms. Regardless of which concept we choose, the processes and phenomena encapsulated in this institution bring the two authors together, indicating a high level of complementarity between their visions. Surveillance, a constant theme throughout the research, is present in two forms. On the one hand, we find the panoptic architecture, on the other hand, we encounter the loop. The rooms are open, without alcoves, without segments that might confer invisibility,

without objects that could block the gaze. The hallways are straight, joining at right angles and there is always the possibility that a nurse might be just around the next corner. The uncertainty of surveillance leads to eventual self-monitoring. The doors of the dormitories have windows, and the presence of roommates constantly ensures an extra pair of watching eyes. Patients are taken out every morning and kept in large spaces, where every movement can be observed. As for the loop, it operates at the level of the individual. Each action, once seen, is subsequently evaluated. What in the outside world would be considered an innocuous gesture becomes here a criterion for assessment. An unmade bed, disorder in the closet, non-participation in workshops, or antisocial behaviors all form part of the wide array of closely monitored aspects. The rupture between seeing and being seen leads to uncertainty in surveillance, by dissipating, it becomes stronger. The loss of centrality makes it, potentially, present everywhere and this, when connected with continuous evaluation, results, as we have seen, in self-monitoring. The patient's visibility and constant evaluation eliminate access to face-saving regions, the self has no private spaces, no backstage areas in which to retreat. The apex of this process is presented here by the meetings held in Ward C. The data collected over the months by the staff and by other patients are pieced together, in full view of everyone (a double visibility) and are connected to value judgments about the individual. Face-saving thus becomes impossible and past actions are overshadowed by shame. The remarks of the Doctor indicate a disembodied omnipresence, a presence that sees, listens and evaluates, which also extends its gaze onto the staff. Everybody, regardless of institutional status, is pushed toward docility through a constant assault of watching eyes.

Surveillance and monitoring are all the more supple and brutal because they are tightly bound to a medical discourse, one that clearly draws the boundaries between what is normal and what is deviant, abnormal. By overlaying science onto the judgements that come with monitoring, these are reinforced and absorbed into the logic of larger systems, systems that grant them a validity surpassing the confines of the institution, transforming them into universal laws. Thus, every aspect of patients' lives is medicalized, each transgression is framed as a step backward on the path to recovery, while progress is defined by the institution itself, through adherence to norms and the relentless placement within the domain of the normal. The organization of bodies becomes a tool of surveillance, each individual having their own clearly defined place, with absence being immediately noticed. Goffman's assertion that withing a mass of subjugated bodies transgressions can be instantly observed proves to be an accurate evaluation of life in this institution. Yet absence is not the only important criterion, the masses are further divided into smaller groups, where activity can be monitored

by therapists or nurses. Every game, every puzzle, every piece of handicraft ceases to be merely and activity, instead, they are inscribed into a larger system of testing. Every action is transformed into data, data which are then gathered into an evaluation file. Activities are coded and inserted into a system of relations within the medical field, turning the individual into a case, rendering their invisible aspect visible. Nothing remains hidden and when everything can be seen, the internalization of power becomes palpable. Thus emerge the patient' responses, remarks that reveal a regulated self-reflexivity, avoidance becomes malice, disorder becomes laziness, cleanliness becomes diligence. Once these frames are established, they spill over onto the other patients as well.

The flow of disciplinary power thus becomes incorporated into each individual, with every person's framework truncating their interactions with the worlds of others, their possibilities for action, and their interpretation of events. In this way, power manages to dissipate, to render itself invisible, while at the same time increasing its potency. It is no longer merely the staff who impose norms, rather these norms are imposed from within each body and through every relation between bodies. Any other patient becomes a point of emission for disciplinary power, as the institutional frames shape the possibilities of interaction and action, both on an abstract and a practical level. Gossip, accusations, denunciations, all are symptoms of the same process of normalizing a particular mode of existence. The visibility that falls upon each individual has an individuating role, these are, in fact, no masses of people, only accumulations of cases. The relationships that emerge between patients, given this context, are more ritualistic in nature. Cigarettes or cigarette butts are requested, cigarettes or butts are given, objects are sold, and money is borrowed, all without generating strong social cohesion. Thus, when a nurse asks about the location of a patient, her actions or her intentions, the answers are quick to surface. Surveillance, therefore, is not limited to the staff but extends outward, taking shape in every gaze, each individual, including the self, is watching. Transgressions are immediately identified and punished, which places an additional strain on the relationships between patients. The result is a constant lack of cohesion, a lack that is not addressed by the staff precisely because it becomes a convenient tool of surveillance. Yer the game of internalizing norms, of frame formation and of the absence of invisible spaces culminates in hierarchizations.

Hierarchies are present at every level of the institution and between all individuals. They serve a double role, on the one hand, they establish a clear chain of power, who answers to whom, while on the other hand, they foster antagonism among individuals. Patients are either praised or rewarded, as long as they conform to the institution's norms. Commons goods, such as cigarettes or coffee, become currency here and are carefully employed by the staff to

divide patients into "good" and "bad" ones. This type of hierarchization places an additional weight on relationships that are already fragile, breaking down larger blocks into clearly defined units. Providing information, allowing oneself to be monitored, participating (or refusing to) are all actions (or absences of action) that quantify behavior and set it in relation to that of others. Privileges and sanctions are the terms through which hierarchies are calculated and access to semi-private spaces becomes a key factor of demarcation. This access comes with a range of other benefits: the trust to carry out tasks (which simultaneously brings rewards), the overlooking of certain behaviors and greater freedom of movement. Yet these hierarchical antagonisms do not exist only among the patients, they are mirrored within staff as well. The wards communicate little with one another, concentrations of power exist, and staff members themselves are under constant observation. Complaints can be made both by patients and by colleagues. Of course, the way such complaints are received differs depending on the source, but disciplinary mechanisms are deeply embedded in the dynamics among employees as well.

The panoptic institution is not, however, perfect, there are many gaps, many points where discipline fails. In Ward E predominantly, but also present in Ward D, recourse to force becomes common. Here individuals slip through the cracks and transgressions must be punished brutally. The system of privileges does not function as it does in the other wards, surveillance is continuous but belongs primarily to the staff. Spatial isolation plays an important role, an isolation that allows staff to always have enough eyes watching. Where discipline fails, reliance shifts to the shutting down of the spheres of the self, freedom is minimal, the loop effect is brutal, and power is centered in figures whose absence mimics the very absence of power itself. Strong attachment relationships become potential barriers to continuous surveillance. Small bubbles of invisibility can be created, secrets shared between staff and patients. The institution relocates individuals to other wards only in the most extreme cases, but the majority remain where they are. Continuous surveillance counters the growth of such relationships, yet their very existence signals a clear weakness in the system. Another problematic aspect is the presence of dead time, idle time. Instead of the strict routine that divides time into intervals and manages to fill it, there are empty stretches without program. This could be read as more diffuse dispersal of disciplinary power, generating apathy and thus docility. Nevertheless, given the imperfections of the system, I am more inclined to interpret dead time as yet another pathogen within a problematic ecosystem.

In the end, the institution can be characterized as a total, panoptic institution. The play of gazes succeeds in reaching every aspect of patients' lives, rendering impossible the emergence of truly private spaces. The patient is quantified,

monitored and inscribed into a larger system of power relations. The internalization of power plays a key role in the fabrication of docile bodies, yet this process is closely accompanied by the denial of the self's spaces for face-saving and by the meticulous monitoring of the spheres of subjectivity. These two aspects are two sides of the same coin, and their intertwining provides a clearer vision of the dynamics within a psychiatric institution. What this work has sought to do is to provide an analysis of a practical framework in which the theoretical unification of these two authors reveals more than a study treating them separately would have done. Their systems are not always compatible, yet if the points at which they converge are identified and refined, an even stronger analytical tool emerges. Where Foucault leaves space for interpretation, such as in the mechanisms of microphysics (Leib, 2017), Goffman can fill in the gaps. Future studies should explore the nodes of connection between the two and reframe them within the contemporary context of total institution studies. With deinstitutionalization, the face of such places is changing, and the mechanisms of power are shifting along with them. Capturing these dynamics will require increasingly fine-tunes theoretical approaches. A longer period of time spent in this institution would have deepened the understanding of the dynamics at play within it. The constraint of time left many gaps in observation and thus only allowed for possible surface-level framings. The complexity of moves and countermoves within the institution requires research conducted over an extended period, so that familiarity with both patients and staff may grow, along with their openness toward the researcher. Such a scenario would bring fresh data, data to which this study did not have access.

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WHEN CARE MEETS CAPITALISM: ORGANIZATIONAL WELLBEING IN ROMANIA

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ABSTRACT. This paper presents a descriptive qualitative study of organizational wellbeing in Romania, asking: How is the field of workplace wellbeing organized? The analysis focuses on the actors, actions, and tensions that structure this emerging space and considers its broader implications. The theoretical framework draws on Foucault (biopolitics and subjectivation), Thévenot & Boltanski (justification through translation), and Boltanski & Chiapello (The New Spirit of Capitalism), framing wellbeing as a practice of governing subjectivity at the intersection of genuine care and managerial imperatives of efficiency and productivity. Empirical data comes from 12 in-depth interviews with HR professionals, wellbeing specialists, and external service providers. Findings reveal three coexisting worlds of justification: inspired, industrial, and market-based; between which actors translate ideas. Rather than opposing each other, the actors' positions in the process mark different stages in the reform of the spirit of capitalism. Organizational wellbeing thus emerges as a space of tension and collaboration, shaping the "well" employee: high-performing, autonomous, healthy, and engaged. The paper contributes to a critical understanding of organizational wellbeing as both support for employees and a subtle mechanism of control and reproduction of capitalist norms, while mapping its specific Romanian dynamics.

Keywords: wellbeing, organizations, subjectivation, capitalism, sociology.

Setting the Scene: Organizational Wellbeing in Romania

Wellbeing initiatives in the workplace address employees' health in a holistic manner, with the aim of optimizing individual performance and producing positive effects at the organizational level (Dale & Burrell, 2014). Interest in

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employees' wellbeing can also be observed in other historical periods, for example, in the form of paternalistic regulations in 19th-century factories (Reid, 1985). Today, the market built around this interest reaches 6.3 billion USD, brings together specialists from various fields (Global Wellness Institute, 2024), and offers personalized services tailored to the organizational context and employees' needs (Abraham & White, 2017). It is within this context that the phenomenon of workplace wellbeing initiatives has emerged.

The current interest in employees' wellbeing derives from the fundamental role that work plays in their lives. On average, employees spend 9 hours each day at the office, and this time weighs significantly in their overall wellbeing (Chakraborty & Mahanta, 2019). However, an employee's wellbeing is also shaped by life outside of work, so wellbeing initiatives consider both levels: the individual's organizational identity and personal identity (Agarwal, 2020). A high level of wellbeing is one of the important conditions for maintaining motivation at work, which is necessary to achieve performance (Burlakova et al., 2020; Coppoletta et al., 2024). In this way, initiatives are oriented toward the individual's welfare and development, focusing on the choices employees can make to maximize their wellbeing in order to optimize performance and increase productivity. Thus, work becomes the most important aspect of bodily discipline in most contemporary societies, given that the regulations shaping individual behavior transcend organizational boundaries, affecting the private sphere of life as well (Dale & Burrell, 2014). In Foucault's (2003) terms, wellbeing initiatives can be seen as instruments of anatomopolitics.

Employees' need to improve their working conditions, along with the growth of this industry, lead to the introduction of wellbeing strategies as an area of organizational development in an increasing number of companies (Dale & Burrell, 2014). This approach can arise either from employees' voluntary involvement, in an organized manner, to achieve the goal of improving wellbeing, or from management-level decisions. These observations come from empirical reality studied through semi-structured, in-depth interviews with those responsible for implementing wellbeing processes within companies. These individuals can be grouped into three categories: HR employees, fully or partially, formally or informally responsible; wellbeing specialists in dedicated positions; and external service providers. The needs underlying the initiatives are similar from case to case, but the practical approaches of the actors differ. Collaborative relationships are formed between them, shaping a specific field. This also includes other types of actors in secondary roles, such as managers or employees who benefit from the initiatives.

Given this continuously expanding phenomenon of organizational wellbeing, which develops a significant services market and shapes a social interaction space for actors in the field, this study revolves around the research question: How is the field of workplace wellbeing organized in Romania? My aim is to first carry out a descriptive approach, reviewing the characteristics of the initiatives and the actors responsible for them, thus contributing to a clearer picture of the empirical reality as a solid foundation for later analysis through various theoretical lenses. The next objective is to analyze the relationships formed in the field among the actors themselves, who are directly involved in creating the initiatives, while also taking into account secondary actors. The empirical data highlight certain tensions generated by the need for justification through translation between different orders within the field (Thévenot & Boltanski, 2006). Finally, I interpret the systemic implications of these initiatives, considering the creation of the "well" employee model (Dale & Burrell, 2014) through the individualization of solutions (Brown et al., cited in Dale & Burrell, 2014) and individual responsibility (Watson et al., 2023). This instrument of anatomopolitics (Foucault, 2003) contributes to the reproduction of the capitalist system through the transformation of its "spirit" (Boltanski & Chiapello, 2005), with this process of incorporating critique overlapping with that of justification through translation (Thévenot & Boltanski, 2006).

Thus, the present analysis aims to offer a comprehensive descriptive account of the elements that make up the field, the relationships that form within it, and the possible macro-level implications of this phenomenon, applying sociological theoretical lenses. The study may be useful for practitioners, offering a holistic understanding of the activity and highlighting areas that could be improved. For the scientific community, the paper contributes by developing a specifically sociological way of understanding a constantly expanding reality, critically problematizing the contemporary phenomenon, and analyzing possible micro- and macro-level implications, while harmoniously integrating empirical material and specialized literature.

Tracing Wellbeing: Theoretical Pathways and Critical Lenses: The Concept of Wellbeing

Conceptualization

The concept of workplace wellbeing is defined in various ways in the literature, reflecting its complexity and multidimensionality, as well as the early stage of formation of this field of actions and initiatives. Conceptual discrepancies arise even from the terminology—literature also frequently uses

the terms "wellness" (Global Wellness Institute, 2024, p. 65) or "corporate welfare" (Coppoletta et al., 2024, p. 1027) to refer to the same concept.

Broadly speaking, workplace wellbeing is described as a biopsychosocial construct that encapsulates parameters related to employees' physical, mental, and social health. At the same time, this composite state lies at the intersection of individual and organizational wellbeing, as the positive aspects of individual wellbeing—physical health, emotional satisfaction, personal development, adoption of a set of values, and prosperity—affect employee performance and, therefore, the performance of the company (Dale & Burrell, 2014).

Dimensions

Regarding its operationalization, studies tend to converge on three main pillars: the physical dimension, the psychological dimension (including mental and emotional aspects), and the social dimension (Burlakova et al., 2020; Chakraborty & Mahanta, 2019; Dale & Burrell, 2014). Additionally, some authors include further dimensions, such as financial health or the individual's professional development (Burlakova et al., 2020).

Context and Evolution

The Global Wellness Institute defines the wellbeing market in terms of "employer expenditures on programs, services, activities, and equipment aimed at improving their employees' health and wellness" (Global Wellness Institute, 2024, p. 55). Before becoming this seemingly innovative phenomenon—reaching a market value of USD 6.3 billion in 2023 (Global Wellness Institute, 2024)—interest in employees' wellbeing had existed in the form of occupational health and safety regulations. With the outsourcing of production from Western societies to regions with cheap labor and weak government regulations, the most severe cases of "unwellness"—poor working conditions associated with health risks, injuries, or abuses—were eliminated (Dale & Burrell, 2014).

A pivotal moment in the evolution of the wellbeing field came with the COVID-19 pandemic in 2020, which reshaped the collective relationship with illness and heightened awareness of the importance of both physical and mental health. During lockdown, many work meetings began with a "wellness check-in" in which employees' health status was reviewed. At the same time, performance standards were lowered in some companies to adapt to the difficult context, in a manner perceived as genuine (Nayani et al., cited in Watson et al., 2023). Following the pandemic, a "culture of care" emerged (Corbera, cited in Watson et al., 2023), in which organizations' concern for employees' wellbeing acquired

a central role (Watson et al., 2023). This is reflected in current investments in projects promoting mental health, which has become a priority area for many employers (Global Wellness Institute, 2024).

The Field of Wellbeing

The wellbeing market is dynamic and continually expanding, integrating an increasingly diverse set of actors (Abraham & White, 2017). Interest in workplace wellbeing is shared across different stakeholder groups (Dale & Burrell, 2014), which collectively form social networks composed of both actors and actions—effectively constituting a distinct social field.

Companies are increasingly engaged in this area—from isolated actions to global strategies—wellbeing has become an integral part of business plans (Chakraborty & Mahanta, 2019; Coppoletta et al., 2024). Specifically, workplace wellbeing programs aim to inform, educate, and motivate employees to adopt a healthier lifestyle. They include a variety of services, products, or platforms, such as medical check-ups, gym memberships, nutrition workshops, counseling services, and more. Companies also invest in reconfiguring office spaces by optimizing lighting, air quality, or thermal comfort (Global Wellness Institute, 2024). In most cases, HR departments are responsible for coordinating wellbeing initiatives (Abraham & White, 2017), aligning their objectives with broader departmental and organizational strategies (Chakraborty & Mahanta, 2019).

While some companies design and manage their own wellbeing programs internally, a significant and growing sector of specialized service providers has emerged (Global Wellness Institute, 2024). These providers are compelled by market pressures to diversify their portfolios and adapt to the new ways in which wellbeing is imagined and expected, as part of an integrated health culture. Their teams often combine project managers, marketing professionals, and health experts, offering consultancy and strategic support to organizations in implementing tailored solutions (Abraham & White, 2017).

A useful lens for understanding the wellbeing field is offered by Thévenot and Boltanski's (2006) social theory of "worlds of justification," which conceptualizes society as composed of multiple orders of worth, each providing a distinct logic for understanding the world, guiding action, and legitimizing decisions. While they identify six such "worlds," the workplace wellbeing field can be meaningfully interpreted through three: the industrial world (corporations), the inspired world (initiative creators, both internal and external), and the market world (service providers).

The industrial world presents an order based on efficiency and performance. Its components, including human resources, are valuable to the extent that they align with productive logic and deliver the expected output. People become surplus when they are no longer productive, fail to cover sufficient workloads, or face issues such as medical conditions, low motivation, or insufficient training. In the wellbeing field, this world could explain the perspective of company leadership and management, responsible for approving programs aimed at employees' wellbeing.

The inspired world centers on creativity and unrestrained expression. Here, the valued individual is one who can express themselves fully and pursue perfection and happiness, contributing positively to the community through their own vision. Within workplace wellbeing, this translates into initiatives aimed at achieving comprehensive employee wellbeing, often driven by passionate internal staff or committed external partners.

Finally, the market world is founded on competition, and actions are driven by the individual desire for success. Valued individuals are those who embody the entrepreneur archetype—constantly in motion, adaptable, and successful through accumulated capital and valuable assets. In the wellbeing sector, this logic drives service providers who must continually innovate and differentiate their offerings to maintain market position, reputation, and clientele.

Critical Perspectives on the Phenomenon

While the emerging field of organizational wellbeing has gained substantial attention, critical perspectives in the literature point to its potential limitations and dysfunctions. Wellbeing initiatives often address problems generated by the very nature of contemporary work and its unrealistic demands—such as excessive workloads or rigid deadlines—ameliorating or normalizing their effects without tackling the structural causes underlying employee distress and ill healths (Wallace, cited in Watson et al., 2023). In doing so, the practice of wellbeing overlooks the structural causes of problems affecting employees' lives and health, focusing instead on correcting individual "faulty" attitudes, with the ultimate aim of increasing productivity and efficiency (Watson et al., 2023). This tendency aligns with the broader trend toward the individualization of labor relations (Brown et al., cited in Dale & Burrell, 2014). Under this logic, the individual becomes responsible for their own health within within a productivity-oriented framework, and wellbeing becomes a managerial imperative, blurring the boundary between professional and personal life (Dailey et al.; Dale & Burrell, cited in Watson, 2023).

Through such interventions, organizations contribute to constructing a standardized image of the "well" employee—someone expected to be healthy in every respect, making optimal use of the resources provided by the company (Goss; Haunschild, cited in Dale & Burrell, 2014; Watson et al., 2023). The "well" employee is physically and mentally fit, willing to contribute positively to the workplace (Dale & Burrell, 2014), actively engaged in personal development (Costea et al., cited in Dale & Burrell, 2014), and treats wellbeing as a necessary skill for building a successful career (Maravelias, cited in Dale & Burrell, 2014). Failure to meet this standardized image is framed as a personal shortcoming, linked to insufficient effort. This perspective can lead to stigmatization or exclusion. In this context, individuals from vulnerable, already-stigmatized groups—such as those facing mental health challenges—may develop "chameleonic" forms of resistance, aiming to conceal anything that could undermine their image as a "well" employee and thus as sufficiently productive (McCabe & Elraz, cited in Watson et al., 2023).

Within this logic, a mechanism of control becomes visible. This can be understood as part of a modern technology of governance, in which, according to Michel Foucault's (2003) theory of biopower, power is exercised not through overt coercion, but through the regulation of individuals' health, productivity, and behavior. For Foucault, biopower operates through two components: biopolitics—global interventions regulating bodies at the societal level—and anatomopolitics—the individual disciplining of the body to optimize and maximize performance. Contemporary wellbeing can be seen as the latest managerial trend in exerting control over employees' bodies and minds for productivity purposes (Wallace, cited in Watson et al., 2023), through mechanisms of subjectivation (McGillivray, cited in Dale & Burrell, 2014). By internalizing the normative organizational discourse on wellbeing, over time, power shifts from being an explicit, external coercion to becoming an internalized force within each employee. The logic guiding and shaping their behaviors remains that of the industrial world, which values efficiency and productivity (Thévenot & Boltanski, 2006). In this way, wellbeing initiatives become instruments of anatomopolitics, subjectivating bodies by cultivating an active self in accordance with the "well" employee archetype.

Possible Macro-Level Implications

At the macro level, the current movement mobilizing organizational resources toward improving employees' wellbeing can be analyzed through the lens proposed by Boltanski and Chiapello (2005) in relation to the reproduction of the capitalist system. The authors conceptualize the "spirit of capitalism" as the set

of individual and collective justifications that sustain the system's legitimacy, adaptability, and continuity. These justifications combine Weber's notion of work as a vocation (Beruf) inspired by higher purpose with Hirschman's emphasis on collective motivations serving the common good. The "spirit" becomes socially operative when it is widely shared, acquiring the status of common sense.

As an example, the authors examine how the social and artistic critiques of the 1960s and 1970s in the United States—targeting inequality, alienation, and lack of autonomy—were absorbed into capitalism through a flexible reorganization of work and the promotion of values such as autonomy, creativity, and mobility. This integration of critique allowed capitalism to present itself as a more humanized and individually responsive system, without abandoning the logic of accumulation. The transformation, however, was largely cosmetic: it did not eradicate the inequalities or alienation identified by critics but rebranded them under new ideals—autonomy, flexibility, and self-realization—leaving the exploitative structure intact.

In this sense, one can assess whether contemporary wellbeing initiatives remain faithful to their original aims or become vehicles for the integration of critique in ways that serve systemic reproduction. Moreover, the incorporation of critique can be seen as a process whose stages are reflected in the evolution of justifications between "worlds" (Thévenot & Boltanski, 2006).

Walking the Field: Research Design and Methodology

This study employs a qualitative research design, chosen for its capacity to explore the investigated phenomenon from the perspective of those directly involved in workplace wellbeing initiatives. By focusing on the meanings attributed by the actors themselves, the approach aligns with the study's descriptive aims and allows for flexible data collection—an advantage when examining a rapidly evolving field whose contours cannot be fully anticipated (Bryman, 2012).

The chosen method was the semi-structured in-depth interview, which facilitates interaction between researcher and respondent (Babbie, 2010). This method seeks to capture the subjectivity of actors through a non-directive approach (Mucchelli, 2002). Its main advantage lies in its flexibility: the data collection process is directly shaped by the personal input of interviewees, who are free to develop various narrative threads starting from the central topics of the study (Bryman, 2012). For the wellbeing field, where specialists have diverse backgrounds and responsibilities, this type of interaction brings forward unique contributions, sometimes impossible to predict. A semi-formal context and the creation of a trust-based environment support the collection of detailed

information. A potential limitation, however, is participants' reluctance to share in-depth reflections when engaging with an unfamiliar researcher in a new setting (Iluț, 1997). To address this, interviews were conducted online, allowing respondents to choose the most comfortable time and environment, with anonymity and confidentiality guaranteed in the analysis.

The study population comprised HR employees with formal or informal wellbeing responsibilities, wellbeing specialists, and wellbeing service providers. This category is relevant to the chosen topic as they are directly involved in the creation and delivery of wellbeing initiatives, and the study focuses on their activities and perceptions as specialists. Snowball sampling was used to access the dense, well-connected network of wellbeing professionals (Bryman, 2012).

The research instrument was a semi-structured interview guide, adapted for two groups: internal actors (HR and wellbeing specialists) and external actors (service providers). While the same thematic dimensions were addressed, question phrasing was tailored to reflect the specificities of each role. Broad, open-ended questions were followed by targeted prompts to encourage elaboration.

The dimensions addressed were:
– Professional activities related to wellbeing initiatives
– Current wellbeing actions and their evolution over time
– Collaborations with other actors in the field
– Personal views on workplace wellbeing

Data were collected between March 12 and May 2, 2025, via 12 online, live video semi-structured interviews averaging 50 minutes in length. The sample included five HR employees, five wellbeing specialists, and two service providers. Data were analyzed thematically to identify patterns and divergences. To protect participant confidentiality, codes were assigned: R1–R5 for HR employees, W1–W5 for wellbeing specialists, and F1–F2 for service providers. The numerical codes carry no hierarchical meaning and serve solely for reference purposes.

Stories of Wellbeing: Empirical Insights

The Actors

Stakeholders Involved

In the organizations studied, responsibility for workplace wellbeing rests primarily with two internal categories: specialists in dedicated wellbeing roles and Human Resources (HR) staff formally or informally engaged in such initiatives.

Additionally, external service providers operate as significant actors in the wider wellbeing ecosystem.

Wellbeing specialists, with titles such as Wellbeing Lead (W1), Wellbeing Coordinator (W2), Wellness Initiatives Leader (W3), or Wellbeing Designer (W5), appear in organizations that treat wellbeing as an integral part of their organizational development strategy. These specialists are responsible for identifying employee needs, developing and implementing strategy, and collaborating with service providers. The teams they work in are usually small, numbering between two and six members. Their roles are well defined, and their relationship with leadership is direct, with each team including at least one member of senior management.

Among HR specialists, two types of involvement can be distinguished. The first is formal, where employees in divisions such as Learning & Development or Employer Branding receive clear wellbeing-related responsibilities as a result of directives from higher, usually global, levels in multinationals. In this context, their duties focus mainly on strategy development, monitoring initiatives, and managing budgets. The second is informal, where involvement is voluntary, arising from personal initiative and without compensation. In both cases, HR frequently collaborates with employee communities organized around shared interests—such as sports, reading, or creative activities—that actively contribute to developing a positive organizational climate.

> "I support communities because we people, in general, are born and raised through community—deep down in our souls, the idea of community exists, and we feel better when we share the same values and passions." – W4

This collaborative mode of organization is considered natural, as communities are a central element of human life. Employees engage in such processes because the activity brings them personal satisfaction and allows them to invest time in their passions. However, in some companies, participation in such groups is essential for hierarchical promotion, which drives higher involvement.

> "Volunteers are top performers… They say: 'When work gets hard, I actually enjoy organizing the book club, because it relieves my stress.'" – W3
> "We draw energy from each other and from ourselves, and because we care about these topics." – R1

Finally, service providers have teams made up of administrators of financial, logistical, or human resources, while specialists in areas such as nutrition or psychology are contracted as collaborators. The core of these

companies is composed of professionals specialized in managing, designing, and selling programs, and their work consists mainly of consultancy for companies—identifying problems and offering tailored solutions.

Conceptions of Wellbeing

Actors from all three categories seem to share a common understanding of wellbeing. They all adopt a holistic approach, viewing wellbeing as the employee's overall state of health, determined by several dimensions. Primarily, they refer to physical, psychological, and social wellbeing. This integrated view encompasses both professional and personal spheres. Programmatic approaches vary depending on organizational maturity: while some companies base initiatives on three core pillars, others adopt frameworks with five, seven, or even nine dimensions, expanding into areas such as financial literacy, professional growth, spirituality, or emotional intelligence.

> "Things are developing in many directions—if you research the topic, you'll now find that there are N pillars of wellbeing." – F1

HR respondents tend to conceptualize wellbeing in terms of business indicators, such as employee retention or job satisfaction. Beyond its holistic basis, they justify its importance in terms of figures and effects on workforce strategy. Some interviewees emphasized the link between wellbeing, performance, and retention:

> "If someone isn't okay with themselves and isn't okay at work, there's no point expecting them to perform—they won't." – R2
> "I can tell you for sure—someone who doesn't feel good won't stay." – R5

Wellbeing specialists, meanwhile, tend to produce deeper analyses, identifying business gaps and needs through indicators such as the most frequent medical leave codes, the number of leave requests, etc. They address the underlying dysfunctions that negatively affect employees' wellbeing and play a strategic role in organizational development, aiming for long-term transformations and emphasizing prevention.

> "The effects of such a job might not be seen in the same year you do it, but maybe five to ten years later, so we focus more on the proactive side, making sure everything is in order." – W1

Service providers complement this organizational improvement effort by offering comprehensive solution packages. They act as a bridge between companies identifying needs and specialists prepared to address them. Providers also develop necessary tools, such as apps, programs, or platforms. They adapt to the perspectives of client companies to provide the resources they need and keep up-to-date with market developments, holding deep expertise in the field.

Finally, all specialists share a similar view regarding whether wellbeing actions are "genuine" or merely tools for employer branding. They stress that initiatives should meaningfully address the needs of those they serve and have significance for them:

> "I think that's important—if an action is taken, it should have meaning for me and significance for the other person." – R1

They should also produce deep change, addressing structural dysfunctions at all levels of the organization:

> "That's the difference—a real wellbeing program works not just to give employees something as a perk or benefit, but to make changes in their lifestyle. And to make changes at the organizational level, for top and middle management too—allowing people to take breaks, to have lunch breaks, to exercise, to have flexible schedules." – F2

Challenges Encountered

All actors report facing similar structural and operational challenges. The most common is the need to justify wellbeing initiatives to management, particularly in the early stages of program development. In many cases, interviewees described having to repeatedly advocate for the necessity and benefits of wellbeing, often in the context of negotiations over resources:

> "I had to do a lot of convincing with managers to make them understand the benefits and necessity of wellness actions." – W2

Depending on their position along this journey, some actors still face resistance, while others less so. Building a collaborative relationship with management is crucial, as it plays a decisive role in approving actions and allocating resources. For employees informally involved in these activities, financial, time, and human resources are extremely limited, since their work falls outside formal job requirements and priority budgets.

> "(Managers) care about it, and it comes up in the survey, but we do encounter some resistance—for example, when we need a budget." – R1

Their work is also hindered by the bureaucratization of approval and evaluation processes. In companies where wellbeing is not formally integrated into organizational development strategy, the approval process can be lengthy. Some individuals address this by organizing low-budget actions while awaiting formal approval.

Another common challenge is low participation from colleagues in organized activities. This is particularly frustrating as actions are designed based on employee-expressed needs and should align with their preferences. Interviewees attribute this to factors ranging from personal relevance—no program suits everyone—to structural constraints such as insufficient breaks or excessive workloads. Adaptations include offering activities online, adjusting schedules, and diversifying topics to engage different interest groups. They also note that wellbeing actions target deep lifestyle factors, and change is not easily accepted or implemented, which can create a gap between expressed interest and actual participation.

> "People want to, and it shows in their personal life—you know it's good to exercise, eat healthy, take care of your health—but in practice, when it's time to do it, they don't." – R1

Finally, specialists point to the challenge of keeping actions relevant amid macro-level organizational changes, such as generational shifts, an increase in younger employees, and the aging of the workforce. This is navigated through constant diversification of activities and ongoing learning to implement new solutions.

The Actions

Core Pillars

When it comes to the actions themselves, these are fairly uniform across the analyzed cases. In terms of physical health, programs include health subscriptions to private providers, on-site sessions with physiotherapists or massage therapists, yoga, dance, and fitness classes organized either at the company headquarters or in a secondary location, nutrition and healthy lifestyle workshops, as well as encouragement to participate in sporting events such as marathons.

Regarding mental health, the resource investment is considerable. Implemented actions include free sessions with psychologists, counselors, or coaches, workshops with specialists in the field, and access to dedicated platforms.

As for social health, the focus is on activities that bring employees together, such as board game nights or team-building activities, as well as on activities that connect them with the community, with volunteering representing an important direction.

Field Trends

Actors in the field maintain an open perspective and adapt to the changes that inevitably occur. As one of them mentions:"The only constant is change" – W1.

In addition, the macro-social context, as well as the individual context, has a significant impact on this activity. Employees' wellbeing is influenced by external situations such as the pandemic or war, but also by events occurring in their private lives. Thus, wellbeing-related actions need to keep pace with the difficulties employees face outside of work as well. In practice, the employee is viewed as a whole, and specialists' efforts aim to address as many of their needs as possible, even when these do not originate directly in work-related issues. For example, parenting workshops or events that facilitate spending time with children are organized.

> "Wellbeing is somewhat like the wind—we as people go through different states and events that impact us. And here I'm not referring only to events within the company, but also to external ones – like the pandemic, like the war, which is still ongoing; these are things that have an impact on us. No matter what, we are employees, but we are also human beings. Any negative impact outside inevitably spills over into work"– W4.

A notable emerging trend is preventive medical screening. Employers increasingly recognize the value of early detection in maintaining employee health, organizing onsite campaigns for cardiovascular and oncological risk screening, and providing both information resources and medical consultations. This reflects a return to wellbeing's original focus on physical health—while extending it to encompass the employee as a whole person.

Team Workflows

Regardless of actor category, program development generally follows the same cycle. They start by capturing employees' needs through informal conversations, official surveys, and participatory observations. Next, companies with a high

level of maturity in this strategic direction build annual strategies, segmented into quarters, months, and weeks, then assign relevant themes to each period.

Wellbeing service providers play a strategic support role, offering consultancy and practical solutions tailored to the needs presented by the company, through tools and specialists.

Subsequently, actions are conceptualized, and responsibilities are assigned. When it comes to evaluating their effectiveness, at the most basic level, employee participation and feedback are analyzed. In addition, some companies assess the impact on employees' behavior, monitoring indicators such as sick leave (number of days and medical codes) and changes in the Net Promoter Score.

Common Need Hierarchy

Similarly, companies show a successive chain of needs being addressed. In companies with limited resources and opportunities, efforts focus on improving the physical workspace. Once this need is met, specialists shift their focus to employees' mental health, through therapy sessions or through hiring of counselors and coaches. In parallel, emphasis is placed on developing the social side, through actions that bring the community together.

Only in companies where all these three levels are satisfied do specialists turn their attention to systemic reforms – either at the institutional level or at the general legislative level. In this way, a clear hierarchy of wellbeing levels emerges, which must be addressed sequentially, and these levels also influence the perspectives and possibilities of the specialists who design these actions.

The Field

Network Structure

Regarding collaborations within the field, these form dense and compact networks. Being an emerging field and one not formally recognized in most companies, specialists who work in it tend to know each other personally. In most cases, the main nodes of connection are represented by the main wellbeing service providers on the market. As one intervieww from this category states, the number of providers offering complex services is limited, which allows them to develop multiple connections with companies investing in this direction: "Here in Bucharest, it's very simple, apart from us there are very few wellbeing providers who cover a wide range of services" – F1.

Partnerships between providers and companies are typically stable and long-term, sometimes initiated through targeted outreach, past collaborations, or formal tenders. Providers offer project management expertise, creative input

for strategy design, and access to specialist networks whose composition shifts according to evolving employee needs.

Beyond the connection through service providers, specialists and HR staff also remain connected to the field through academic literature, professional conferences, and industry influencers (e.g., via LinkedIn).

Translating Between Worlds

Applying Thévenot and Boltanski's (2006) framework of "worlds of justification," three distinct orders emerge within the field.

Actors involved in developing wellbeing programs – wellbeing specialists, HR employees with formal or informal responsibilities, and employees of wellbeing service firms – belong to the inspired world. They conceive of wellbeing as the ultimate goal of their activities, channeling their energy into improving employees' wellbeing.

However, for these actions to be implemented, they must be approved by company management or decision-makers. These actors operate in the logic of the industrial world – they assign importance to actions insofar as they are profitable, increasing efficiency and productivity. At this point, specialists translate the actions designed in the inspired world into the terms of the industrial world, represented by concrete data, figures, and indicators that reflect profitability.

> "Everyone looks at ROI, at what you get out of it" – W1.
> " When you go with notions like turnover, translated into money, with notions like absences, translated into money, it's impossible not to find an angle from which leadership will understand. But if you speak from your emotional HR sphere and go to a decision-maker who wants to see concrete figures and statistics, there's no way you'll understand each other. We have to get out of our little pink bubble and get closer to the business" – R4.

In addition, in the case of service providers, there is the imperative to justify their programs in the logic of the market world. It is important for them to position themselves competitively, remain relevant, and promote their packages in this world's logic.

Moreover, as a precautionary measure, providers tend to develop a broad range of organizational services beyond wellbeing, such as personal development programs, coaching, or team building, since they do not consider it sustainable to rely on a single area.

> "It is not sustainable to live only from providing wellbeing services" – F1.

This reinforces the idea of the field being in an early stage, though following an upward trend.

Negotiating Care and Capital: A Critical Discussion

Thus, the wellbeing field consists of three overlapping worlds of justification that communicate constantly. Actors implementing actions carry out double work – the creative work, which involves identifying needs and designing solutions, and the justificatory work, translating their wellbeing-improvement objectives into concrete figures, according to the industrial and market logics.

The wellbeing movement starts with the aim of improving the organizational environment for employees, but the imperative to justify actions in the industrial logic of productivity and efficiency transforms the final outcome into a diluted form, offering individual solutions for systemic dysfunctions.

This is reflected in how the actions end up being evaluated: if they remained within the inspired world, their ultimate goal would be the genuine improvement of wellbeing, possibly measured qualitatively through informal discussions with the community. However, in the logic of the worlds into which wellbeing initiatives are translated, quantitative evaluation reflects their impact – on productivity, absenteeism, and retention.

This becomes problematic when wellbeing, measured quantitatively (e.g., by event attendance), becomes the sole target and is converted into a performance standard. In this way, employees' behavior is guided and directed toward achieving organizational objectives through wellbeing.

In this context, a mechanism of control is exercised – a localized enactment of biopower, as problematized by Foucault (2003).

At the macro-organizational level, especially in the case of multinationals, there are global directives guiding local centers' actions regarding wellbeing. Intervention pillars, topics to be addressed, and action directions are assigned. In this way, elements of biopolitics are exercised in organizational settings.

At the local level, to meet management-set objectives (in the logic of the industrial world), employees become responsible for their own wellbeing, as also explained by Brown et al. apud Dale and Burrell (2014) through the idea of individualizing work relations. Their behavior is directed toward accessing organizational resources that shape it in line with the "well" employee ideal – healthy and productive (Goss; Haunschild apud Dale and Burrell 2014; Watson et al., 2023). This subjectivation represents a manifestation of anatomo-politics.

This trend is initially observable in the empirical reality through formal and informal coercive mechanisms associated with wellbeing activities regarding employee participation. Formally, some companies regulate in their organizational policies the necessity of participating in activities and integrating these indicators

into KPIs. Informally, involvement in activities increases, in some organizational cultures, the chance of promotion to higher hierarchical positions, as the employee is perceived as an engaged and active community member.

By incorporating such mechanisms, over time, the transition occurs from explicit coercive power to an internalized one within each employee. The logic guiding and shaping their behaviors remains that of the industrial world, which values efficiency and productivity (Thévenot & Boltanski, 2006). In this way, wellbeing actions become instruments of anatomo-politics, subjectivizing bodies by cultivating an active self aligned with the "well" employee archetype.

However, subjectivation is not inherently negative. Companies manage to cultivate healthier habits and behaviors among employees, physically, mentally, and socially. This shaping, based on positive intentions, positively impacts individual life. For example, respondents believe employees evaluate positively the impact of actions that provide opportunities to stay healthy through physical activity, psychological assistance programs, or activities with team colleagues.

These aspects of employee life are also valued in the job market, as people seek companies offering holistic benefits. Interviewees' relationship with their work is clearly positive and employee-centered. There is a visible interest in helping colleagues and fostering a more pleasant organizational environment, with beneficial effects outside the professional sphere, improving overall quality of life.

Moreover, the pursuit of productivity and performance is inherent to the capitalist production system, and a world in which these are entirely separated from employer interventions in the workforce through wellbeing actions belongs to the realm of utopia.

Actors involved in the wellbeing action-creation process hold varying levels of decision-making authority. Considering the separation or integration of the processes of designing, approving, and implementing actions, one can observe the stage the company is in regarding the development of its wellbeing mechanism.

HR employees tend to depend on managerial approval for implementing proposed actions, revealing an external process of translation between worlds. Conversely, wellbeing specialists are already integrated into high-level decision-making structures, allowing them to perform this translation internally. In turn, service providers engage in a double translation – one internal, another external – adapting to market logic (Thévenot & Boltanski, 2006).

This process overlaps with what Boltanski and Chiapello (2005) describe as capitalism's adaptation to new realities through the incorporation of critiques. While in the early stages the development and approval of initiatives are distinct phases, in later stages the entire process is managed by a single entity. Incorporated actions can thus be seen as a different form of the initial critique,

through the lens of the individual-level approach (Brown et al. apud Dale & Burrell, 2014), employee responsibility (Watson et al., 2023), and their subjectivation into the "well" employee model (Dale & Burrell, 2014).

Thus, HR employees, wellbeing specialists, and external providers are part of the same field, not from different positions, but at different stages of the same process: the transformation of the spirit of capitalism through the integration of wellbeing actions into organizational activities.

Closing the Circle: Contributions and Future Directions

The contemporary interest in employee wellbeing, conceptualized as a biopsychosocial construct encompassing parameters of their physical, mental, and social health (Dale & Burrell, 2014), is expressed in the form of workplace wellbeing actions. In this way, a profitable market is consolidated, attracting an increasing number of actors (Abraham & White, 2017). Within Romanian companies, the incorporation of wellbeing actions into organizational development strategies is becoming more frequent due to the benefits they bring. At an aggregate level, the interviewed specialists state that productivity, efficiency, and staff retention increase, while absenteeism and sick leave days decrease. At the same time, the work environment becomes more pleasant, and interventions across different life domains contribute to employees' overall wellbeing.

Similarly, the actions carried out by companies follow a common thread and address potential employee needs on three main levels: physical, mental, and social. A strong trend is the development of socially oriented actions, addressing the need for human connection. This also has the advantage of relatively low costs in the current unfavorable economic context, compared to those in other areas. This empirically observed trend represents an additional step beyond the last major trend identified in the specialized literature during the pandemic, namely significant investments in the area of mental health (Watson et al., 2023). Moreover, as also revealed by the collected data, the needs addressed through actions are structured hierarchically and satisfied in a linear manner. The wellbeing process begins with the physical environment, then addresses the psychological and social levels, and subsequently advances toward specific areas of interest such as parenting, spiritual health, or personal development, depending on the company's interests and resources.

Regarding the individuals who perform this work, three categories of actors can be distinguished: HR department employees, specialists with dedicated roles, and external wellbeing service providers. All present a holistic approach, viewing wellbeing as the employee's overall state of being, determined by the physical, mental, and social dimensions. In some cases, strategies are more complex and include additional dimensions. Overall wellbeing is thus found

at the intersection of these dimensions, considering both the employee's professional and personal life. HR specialists are often the first to be assigned tasks related to this field during the process of integrating wellbeing actions into the company. As a next step, "communities" are formed: groups of employees who voluntarily organize such activities, centered around shared interests such as sports or arts. Wellbeing specialists hold dedicated roles and typically work in small teams to ensure the smooth execution of all tasks. Service providers bring together specialists in HR, marketing, sales, and project management, offering support to internal actors through the development of various solutions, applications, or platforms.

Within this field, collaborative relationships are built. As an emerging domain, the network of actors is relatively small and well-connected. Considering the conceptualization proposed by Thévenot and Boltanski (2006), the broader field of organizational wellbeing brings together three different worlds of justification, between which certain tensions emerge. HR employees, wellbeing specialists, and external providers start from the goal of improving individual wellbeing, the aim of the inspired world. However, for initiatives to be implemented, they are translated into the industrial logic of management, focusing on effects related to efficiency and productivity. In addition, service providers undergo a second translation into the market logic in order to sell their services.

In this way, wellbeing actions come to address systemic dysfunctions, such as excessive workloads or faulty hierarchical communication, through individual solutions that place responsibility on the employee. Given that the ultimate goal is productivity, the effectiveness of the actions carried out is measured using indicators that reflect individual actions – participation in events, sick leave days, and staff retention. Nevertheless, respondents appreciate that the wellbeing actions carried out in companies have a positive impact on employees 'lives, improving their workplace experience and overall quality of life. They also believe that organizations implementing wellbeing solutions genuinely centered on employees stand out in the labor market, particularly in the stages of attracting and recruiting staff.

By offering solutions and expecting compliance from employees, the template of the "well" employee emerges – a person physically and mentally fit and eager to contribute positively at work (Dale & Burrell, 2014). In this context, wellbeing actions become tools of anatomo-politics (Foucault, 2003), aimed at the subjectivation of employees. The literature consulted warns that this pressure can create stigmatization among vulnerable categories of workers, leading to chameleon-like forms of resistance so as not to be perceived as insufficiently engaged in the process of developing wellbeing (McCabe & Elraz apud Watson et al., 2023). However, based on discussions with specialists in the Romanian field, this does not seem to be an issue they face.

Through the alteration of the ultimate aim of actions, via translation between worlds within the field, a modification of the spirit of capitalism is observed (Boltanski & Chiapello, 2005), serving the reproduction of the system at a broader level. This integration of critique overlaps with the authority of actors responsible for wellbeing. In the early stages, HR employees carry out an external translation for justification to management, requiring its approval; wellbeing specialists perform this process of translation and approval internally, while service providers, in addition to internal translation, also carry out another external one, in the logic of the market. In practice, solutions addressing the initial needs related to employee wellbeing are incorporated into organizational processes, presenting an individualized, moralizing approach that seeks to subjectivate individuals according to a specific template. The translations between worlds reflect the stage of development regarding wellbeing in which the company finds itself, with actors positioned in roles that represent distinct and interconnected phases of the same process: the incorporation of critiques into the system.

Thus, the field of workplace wellbeing actions is an area in continuous expansion, bringing together specialists from diverse fields. They share a congruent vision of employee wellbeing and the ways of intervening to optimize it, with the ultimate goal of improving the organizational environment, in both the individual's and the company's interest. Addressing contemporary employee needs through wellbeing represents a modification to the spirit of capitalism for systemic continuity (Boltanski & Chiapello, 2005), and the process of incorporation into organizational structures overlaps with the evolution of the justification process through translation between worlds (Thévenot & Boltanski, 2006), measurable through the decision-making autonomy allocated to wellbeing-responsible structures.

This study has deliberately focused on the perceptions of specialists, as their expertise offers a structured vantage point for understanding how workplace wellbeing is organized in Romania. While this ensured analytical coherence, it also narrowed the range of perspectives. Future research could therefore include other actors—such as employees, managers, or business consultants—whose views would enable a more nuanced and multi-layered understanding of the phenomenon.. Notably, differences between white- and blue-collar contexts emerged during interviews, but the limited sample prevented a systematic discussion. Exploring wellbeing in offices versus factories could thus be a valuable direction. Comparative and longitudinal studies would further enrich the understanding of how practices evolve across contexts.

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BABEŞ-BOLYAI

Sociologia

Faculty of Sociology and Social Work
"Babeş-Bolyai" University
ISSN (print): 1224-8703; ISSN (online): 2066-0464

Volume 70 / Number 1/ June 2025

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